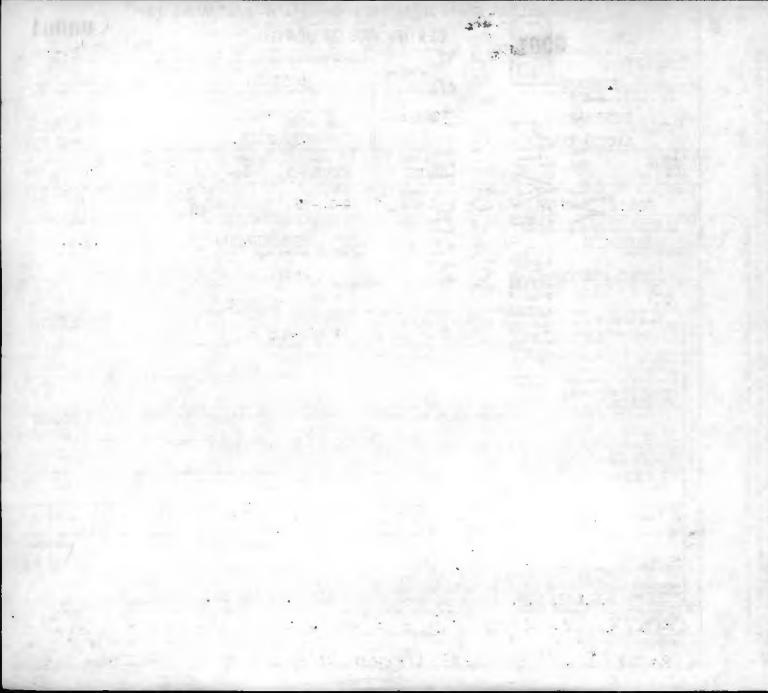
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 9 FilmG255 2-4-60 et CERTIFICATE OF DEATH

	keg. Dist. No.
1. PLACE OF DEATH b. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAND OR INSTITUTION SACRED HEART	d. STREET ADDRESS  CHURCH ST.  CHURCH ST.  CHURCH ST.
3. NAME OF DECEASED (Type or print) MARY GRACE	AIRESMAN 4. DATE Month Day Yeor DEATH 1 24 19 60
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED WIDOWED	B. DATE OF BIRTH  10-111-95  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  H OUSEWIFE.	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  PENNSYLVANTA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL SHAFFER (D)	SARAH (D)
	NFORMANT Address PT 'S CHART
IMMEDIATE CAUSE (o).  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost.  (c)	
СОТИ	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 38.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED For D. m. 19 While of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that lattended the deceosed from olive on 19 on ond that death	occurred at 10 M, from the couses and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
SIGNATURE PHYSICIAN'S	M.D
NAME (Type) THITEY MD  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)  22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY (2d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATEFEB '60 Colons & Krous

TO HOSPITA VS A15 (4) 15M 9/5B



The second secon Contract de la contra and the state of t MARINE - 1-0-1960 LLCV - VILLEY, CONTROLL, INC. TO BE WELL THE TENED OF THE

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample the filed with 060 page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72-hours after death.

death. Page 4

FENDING PHYSICIAN; The law requires that the death certificate be executed within 24 ha

TO HOSPITAL

VR A15 (4) 1SM W/S9

1. PLACE OF DEATH G. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATMARYLAN	D b. COUNTY	n: Residence before admission) ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBERLAND, MD.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RU <b>RG</b> ,	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitot, give street or INSTITUTION MEMORIAL HOSPITAL	eet address)	d. STREET ADDRESS  85 BOWE	RY STREET	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CLOYD	Middle F. BING	AMAN Lost	4. DATE Month OF DEATH JANUA	
MALE WHITE WIDO	WED DIVORCED X		890 last britadoy) 69 yrs.	FUNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) It during most of working life, even if refired) BARBER	SELF EMPLOYED	PENNSYLV	ANIA(Middlebu	12. CITIZEN OF WHAT COUNTRY
Isaac Bingaman		Hannah Bi		
IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service)  No  None	014 70 7100	MEMORIAL HOSP	ITAL - CUMBERL	
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	r fine for (a), (b), and (c).]	series,	461	INTERVAL BETWEEN ONSEY AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse last.  PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	Cleaner To THE TERMINE	Alan- NAL DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITION  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part II of item 18.)	YES NO
Hour a.m. Wh	6-	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (Stot
21. I certify that (I) (this hospital) atte saw the deceased alive an				that (I) (we) lad an the date stated above 22b.DATE
22c. Physician's NAME (Type) DR. O.V. HIM	WELWRIGHT	M.D. ATTENDING MIDE	RECTOR   STAFF   PHYS.	Jan 28/19

Main. Frostburg.

Md DATE FEB 4

Cuthun S. Kraus

\* WHITELER . WILLIES HADETIN YELDE TO Walkerie 7 College & register ^ T.P. I Property I Washington - C- - LX MENCETAL MORPHY - COMMERCENCY - NO.

TO 17 (19 14)

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 0097

00004

9

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUNTY	Allegany		
b. CITY OR TOWN (If outside corporate limits, RURAL and give necrest town) LONGCONING	write c. LENGTH OF STAY IN 16					
d. NAME OF HOSPITAL (If not in hospital, give OR INSTIBUTION Chwood Str	e street address)	d. STREET ADDRESS Beac	hwood Street	e. 15 RESIDENCE ON A FARM? YES NO		
3. NAME OF First DECEASED (Type or print) Mary	Isabelle	Boettcher	4. DATE Mon			
Warren a Millert a	MARRIED NEVER MARRIED DIVORCED DIVORCED	March 19,19	lost bythdoy)	Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work dor during most of working life, aren if retired)	Own Home	Lonaconin	g, Maryland.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME  James Geti	<b>c</b> on	14. MOTHER'S MAIDEN	<sub>l</sub> eah Duckwort	th .		
15, WAS DECEASED EVER IN U. S. ARMED FORCE	57 16. SOCIAL SECURITY NO. 17.	INFORMANT	Add			
(It pes, give war or dates of servi	(e]	John Boette	her Lone	aconing, Md.		
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e per line for (o), (b), and (c).]	"Husband"		INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if ony, which gove rise to immediate (b)	Corcinoma	of breas	to with	Jon 7,193		
lying couse lost.   DUE TO	Cerebral	Inelosto	sis .			
PAIR II. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIV	YEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO		
	6. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 1B.)			
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19		PLACE OF INJURY (Home, form octory, street, office bldg., etc.)		(County) (Stote)		
21. I certify that I attended the diversity and the second of the second		1957, to th occurred at 3 00 a		that I last saw the deceased and an the date stated above, stolel DATE SIGNED		
PHYSICIAN'S EARL R	· PAUL	Cum	berland,	mol.		
220. BURIAL, CREMATION, BURIAL, CREMATION, 1/31/60	Oak Hill	or crematory Cemetery	Lonaconin			
23 FUNERAL DIRECTOR'S SIGNATURE George Eichhorn	Lonaconing, M	d. 240. REC		STRAR'S SIGNATURE		

MIR(60) -		ATE OF DIVIN	O STATE OFFICE	A CONTRACTOR OF THE CONTRACTOR
manad f			manual and	Towns Co.
	Sulery.			an in a granua
20.5	4.4200 1	anne me		Designation of the second
0 St 1/10	20,000	The made days.	e.Indest	real line
		Emily some		
8 4 5	*	onto began		Site Report
	derm-land			malify assess of them
,///- e u///		THE RESERVE OF THE PARTY OF THE PARTY.		
á				Street Track
			L , particular o	

PLACE OF DEATH

ALLEGANY

b. CITY OR TOWN (If outside corporate limits, write

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 1b

00005

ALLEGANY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE
b. COUNTY b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

MARYLAND

death. Page 4

may be rehalf by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any every withing 72 hours after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPITAL VR A1S (4) 1SM 9/59

	CUMBERL	AND		10 DAYS	Oa CUI	<b>IBERLAND</b>			
	d. NAME OF HOSP OR INSTITUTION WARWICK	MEMORTAL!	OSPITA'	E <sup>ss)</sup>	d. STREET ADDR	B MARYLAND	AVENUE		e. IS RESIDEN ON A FAR YES NO
3.	NAME OF DECEASED (Type or print)	CLAF	RENCE	Middle E •	BORROF	4. DATE OF DEATH	JA NUA		9, Year
	MALE	WHITE	WIDOWED [			30, 1883	76 yrs.	F UNDER 1 YEAR Months Doys	Hours N
10	during most of wo	ION (Give kind of work rking life, even if retired ired	()	o of Business or Indi roenter	USTRY 11. BIRTHPLACE MARYI	-	intry)	U. S	• A •
13	RILEY BOR	ROR			HENR IE	TTA YANKE	Y		
	S. WAS DECEASED EV Yes, no, or unknown) NO	ER IN U. S. ARMED FOI (If yes, give war or dates of	service)	17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	MEMORIAL HO	SPITAL -	Addre CUMBERLA		
FICATION	Canditions, if gove rise to cause (o), stating lying cause lost	the <u>under-</u>	103	aneral Order TRIBUTING TO DEATH BU	UT NOT RELATED TO THE	Ertere Terminal DISEASE	CONDITION GIVE	N IN PART 1(0)	PERFORME
CEPT	OR CONTRIBUTION	AS UNDERLYING COME CAUSE OF DEATH AMEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCURR	ED. (Enter noture of inju	ery in Port I or Port	II of item 18.)		YES NO
MEDICAL	20c. TIME OF INJU Haur o. m. p. m.	10	ar 20d, INJUI While of work	Not while	PLACE OF INJURY (Home octory, street, office bld		or town)	(County	) (5
		at (I) (this haspital asset alive an I)	16	the deceased fram	M.D. ATTENDING F. PHYS. 22d. ADDRESS	19	STAFF PHYS.	Z, 19, the date	
2.	30. BURIAL, CREMATI REMOVAL (Specify Rumi a)	ON, 23b. DATE THEREO	OF 2	Cabin Run C	OR CREMATORY	23d, LOCATI	ON (City, town, or Fountain		(Stote)
24	4. FUNERAL DIRECTO		umberla	ADDRESS	250	REC'D BY REGISTR	AR 25b, REGIST	RAR'S SIGNATU	JRE

MACE AND THE STATE OF THE STATE An office and an outside a 27 TOTAL TAILS OF 

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W. ALLENDER CONTROL OF STREET OF STREET, AND STREET, A

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FOR STATE			AL EXAMINER'S	CERTIFICAT	E OF DEATH	Reg. Dist No. 1116
HEALTH DEPT.	1	LACE OF DEATH	33	2. USUAL RESIDENCE (W	here deceased lived. If institute	on Residence before admission)
の の (音句)		Allegany	MARYLAND	o STATE Maryl	and b. COUNTY	Allegany
2.55	1	CITY OR TOWN (If outside corporate I mits, with RURAL and give nearest town)	20 Yes		autside corporale limits, write R	URAL and give nearest town)
sort your	-	Midland  NAME OF HOSPITAL OR INSTITUTION (IF not in		Midle  Midle	and	To is res denu
X		CHARLE OF NOSCHAL OR HASHOSION (FREE III	nospitos, give sireer bouress;	1	t a da	ON A FARM
oy nine offe offi.	3	NAME OF First	Middle	Dans Mour	4. DATE Month	Day Year
deline se fue		Type or print)  DEWEY		BOSLEY	OF DEATH January	-0.15
of the state of th	5. 5	and the state of t	RRIED NEVER MARRIED 8		9. AGE (In years	FUNDER TYEAR IF UNDER 24 14P
d 3 mag 2 will good 3				May - 1900	) 59 yrs	Months Days Hours Min
Seath on 32 h	100	USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)	6. KIND OF BUSINESS OR INDUST		*	12. CITIZEN OF WHAT COUNTI
F. 7. P. F. 7. F.	1.0	Farm Work		Williams		U.S.A.
rs of	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N		
hood a Real Property of the Pr	15.	Frank Bosley WAS DECEASED EVER IN U. S. ARMED FORCES?		Nancey	Burgess	
2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		no, ar enknown] (If yes, give wor ar dates at service)		Stanley Bos		mport. MD.
	柵	18. CAUSE OF DEATH Enter only one couse per		(BROTHER)	201 McKinle	
lang lang		PART I. DEATH WAS CAUSED BY-		clusion	The property of	sudden
in i		4 aud Due to				
e d Official		Conditions, if ony, which) (b)	coronar.)	r Selerosis		72788
in priner's a bury		gave rise to immediate couse (a), stating the underlying DUE TO couse fost.				
ste shaging Examed as a date of as hation	NOE	PART II. OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART I(o) 19. WAS AUTOPSY PERFORMED?
ped cres	FICATION	20. EVYCOATAL CALIFE WAS	The bout bulley occuence it			YES NO Z
is cer Med Med Mid be mial,	CERTIFI	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	CRIBE HOW INJURY OCCURRED. (E	nier nature of injury in Part	Lor Fart II of Hem 18.)	
	13					
Sharing a branch	ΙŞ	44		CE OF INJURY (Home, form,	201. (City or town)	(County) (State)
NEW: The right of the 3 share of the the chief	MEDICAL	Hour a. m. V		CE OF INJURY (Home, form, ry, street, office bidg., etc.)	20f. (Cily or lown)	(County) (State)
AMINER: The writing the variety of the Chief Page 3 shart, prior to be	MEDIC	Hour a.m. V	Vhite Not while facts I work 01 work	ory, street, office bldg., etc.)		(County) (State)
EXAMINER: The view writing the view ded to the Chief OR: Page 3 shared or to prior to be	MEDIC	Hour a. m. V. p. m. 19 at	Vhile Not while facts I work of work  The remains described above	ve, held an Autapsy	, Inspigition X,	
at Examines. The cate, writing the varded to the Chief ECTOR: Page 3 shared agent, prior to be	WEDIC	21. I certify that I took charge of the apinion death resulted from: Nature	Vhile Not while facts I work of work  The remains described above	ve, held an Autapsy  , Suicide , H	/ □, Insp <b>y</b> tion <b>汉</b> , fomicide □, Undetern	Inquiry 🔯 and in m
A1 EXAMINER: The cate, writing the value of the Chief DIRECTOR: Page 3 shanned agent, prior to by	MEDIC	Hour a.m., p. m. 19 of 21. I certify that I took charge of the	Vhile Not while facts I work of work  The remains described above	ve, held an Autapsy  , Suicide , H	Insp <b>y</b> tion <b>X</b> , domicide <b>,</b> Undetern	Inquiry <b>K</b> and in m
TY ALEXAMINER: The state of the chief of the	MEDIC	21. I certify that I took charge of the apinion death resulted from: Nature actual signature Benedict	Vhile Not while factors work of work Accident	ve, held an Autapsy  Suicide , H	Insp <b>x</b> tion <b>X</b> , tomicide <b>,</b> Undetern	Inquiry  and in m mined manner  DATE SIGNED
rever the case, writing the value the law and be so, warded to the Chief UNERAL DIRECTOR: Page 3 shalls designated agent, prior to by		Hour a.m., p.m. 17 of the control of	white Not white factor work of causes X Accident [	ve, held an Autapsy  Suicide , H  M.D. CHIEF MEDICAL EX  ASSISTANT MEDICAL EDUTY MEDICAL E	Insp <b>x</b> tion <b>X</b> , tomicide <b>,</b> Undetern	Inquiry   x and in m mined manner   DATE SIGNED
execute the cate, writing the value the total be to worded to the Chief of FuneRAL DIRECTOR: Page 3 share its designated agent, prior to be		21. I certify that I took charge of the apinion death resulted from: Nature ACTUAL SIGNATURE BENEAUTY SIGNATURE BENEAUTY SIGNATURE BENEAUTY SKI	white Not white factor work of work of work of work of the remains described about a causes X Accident tarelic, M.D.    120. NAME OF CEMETERY OR COUNTY CEM	ve, held an Autapsy  Note: A Suicide , From the Common of	Inspection X, Inspection X, Inspection X, Inspection X, Inspection III Inspection II	Inquiry  and in m mined manner    DATE SIGNED  ary 20, 1960 county) (State)
scattle the cate, writing the variety the target of the chief to the C	220	Hour a. m., p. m. 19 of the control	white Not white factor work of work of work of work of work of causes Accident [	ve, held an Autapsy  Note: A Suicide , From the Common of	Inspection X, Inspection X, Inspection X, Inspection X, Inspection III, Inspec	Inquiry  and in m mined manner    DATE SIGNED  ary 20, 1960 county) (State)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18







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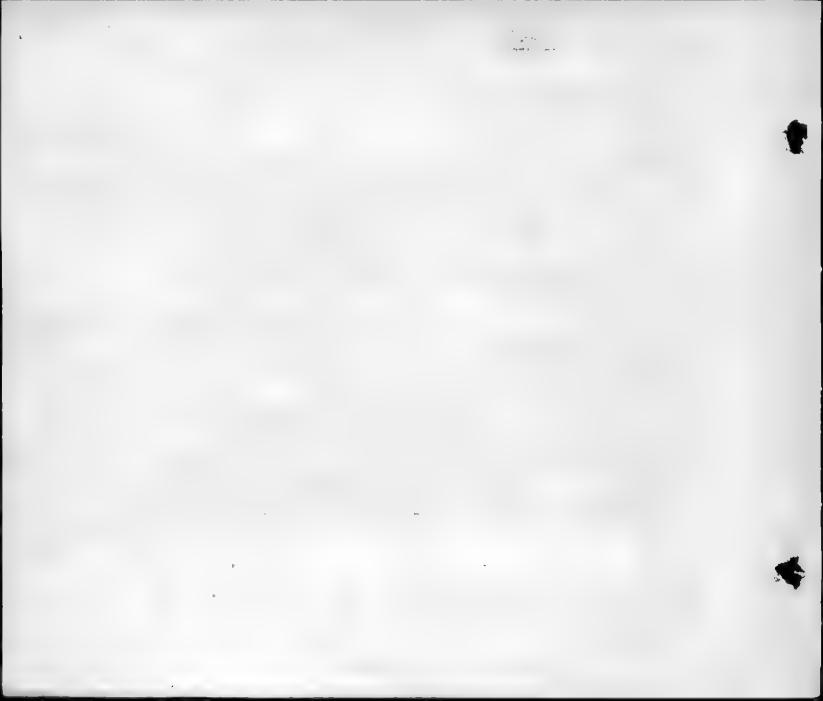
TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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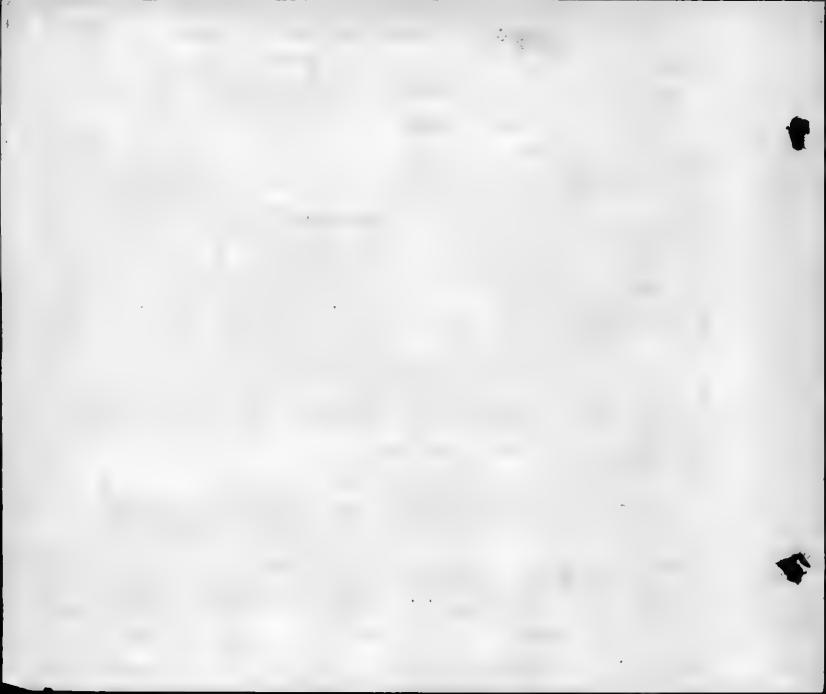
		0004 CERTIFICATE OF DEAT	TH Reg. Dist. No.
)	1, 1	1. PLACE OF DEATH O. COUNTY MARYLAND  2. USUAL RESIDENCE ( O STATE  Waryland	Where deceased lived. If institutions Residence before admission)  Characteristics of the County of
		b. CITY OR TOWN (Noutside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN ( BURAL and give nearest town)	outside corporate limits, write RURAL and give nearest town)
	,	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  2 2 5  Available  2 2 5	Carroll St. PESIDENCE ON A FARM? YES NO !
	1	3 NAME OF DECEASED (Type or print) EMM2 LOUISE Brown	4. DATE Month Day Year DEATH AM 16 1960
	5.5	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   Feb 3, 1	9. AGE (th. years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Isot birthday)   Months   Days   Haurs   Min.   Min.
	ŀ	during most of working life, even if relired)	of or foreign country)  12. CITIZEN OF WHAT COUNTRY:  U-S: [-7.
		Joseph H. Schilling Forus	e Rice
		15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Tel., no. of unknown)   (II) you give more deep of service)   16. SOCIAL SECURITY NO. 17. INFORMANT   17. I	on. North East, Penna
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  DUE TO	ascular disease interval Between
		Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last.	
3	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEN	RMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PEPFORMED? YES \( \subseteq \text{ NO } \subseteq
			in Part I or Part II of item 18 )
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while of work of work of work of work of work of work.	orm, 20f (City or lown) (County) (Slote)
		) / R:	O M, fram the causes and an the date stated above  ADDRESS (Street, city or lown, state)  DATE SIGNET  1-18-6
1		ACTUAL SIGNATURE CALL W. PASSICIAN'S NAME (Type) Ralph W. Ballin Cumberl	410 0 00
	220	220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY BREMOVAL (Specify) Jan 19,1960 Susse Hill Cemetery	(Stole) (Cumberland, Md.
	23.		ec'd by registrar 24b. Registrar's SIGNATURE 20'60 Onling & Frage

TO HOSPITA VS A15 (4) 15M 9/55



plea	i sho		Cres
essany,	Poge		burial.
TO DEPUTY - SAL EXAMINER: This certificate should be executed within 24 hours offer death. If any dela	cute the cet, ale, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 sho	forwarded to Wie Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registran prior to burial, area
thin 24 hay	<b>Sive Pages</b>	Page 5	File pode
auld be executed wil	pencil in Item 18. O	along with form PM3	buriol-transit permit.
NER: This certificate sh	the word "pending" in	ical Examiner's Office o	3 should be used as a
PUTY TEAL EXAM	the cet ale, writing	rarded to Me Chief Med	NERAL DIRECTOR: Poge
TO DE	cute	form	TO FU

	Ite	20 Film 2 MARYLAND STATE DEPARTM	S CERTIFICATE OF DEATH
		0000	Reg. Dist. No.
-	1. P	ACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
1	0.	Allogany Maryland	o. STATE Maryland b. COUNTY Allegany
限	þ.	CITY OR TOWN (If outside Corporale limits, write RURAL on TOWN (If outside Corporale limits, write RURAL on Green form)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
LY	Cu	mberland 2 years	Cumberland
	d.	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. 15 RESIDES  ON A FAR
7.	2	33 Glenn Street	233 Glenn Street
	3. N	AME OF First Middle	Lest 4. DATE Month Day Year
		PROPERTY OF STATE OF	BUSKIRK DEATH January 14 19 6
	5. SE	X 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In years   IF UNDER 1YEAR IF UNDER 24
	1	lale White WIDOWED TO DIVORCED TO	Ion brithday Months Days Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUST	
	_ glu	ring most of working life, even if retired)	Gilmore, Maryland USA
-)		ATHER'S NAME	14. MOTHER'S MAIDEN NAME
	13.	William Buskirk	Laura Clise
9	15		
	(Yes,	no, or unknown) { (If yes, give war or dates of service)	
			es D. Buskirtk Lonaconing, Maryland
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Asphy	xiation due to
		870.0 DUE TO	
۶		Conditions, it only, without (b)	n Monoxide Gas
		gave rise to immediate cause (a), stating the underlying DUE TO	
		couse lost.	
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTO
2	CATION		PERFORMED YES NO
		00. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (	inter nature of injury in Part I or Part I! of item 18.)
	CERT	20b. DESCRIBE HOW INJURY OCCURRED. (I PRIMARY   or CONTRIBUTING   Defective Furns	
	3	The state of this part of the state of the s	CE OF IN JURY (Home form 1906 (City or town) (County) (Sta
01	MEDIC	Hour a.m. 1/14/60 While Not while V Inform	ory, three', office bldg., etc.) Cumberland Allegany Mar
	1 10	21. I certify that I took charge of the remains described about	
	1 1	The state of the s	
		death resulted from: Notural causes [], Accident [X], Sui	cide [], Homicide [], Undetermined couse [].
		ACTUAL (9 0 X X T	DATE SIGNES
		SIGNATURE Levelet Stelatile	_M.D. CHIEF MEDICAL EXAMINER
2		EXAMINER'S	ASSISTANT MEDICAL EXAMINER
2		NAME (Type) Benedict Skitarelic M.D.	DEPUTY MEDICAL EXAMINER 1/15/60
5	220.	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stole)
,		REMOVAL (Specify) Burial 1/17/60 Frostburg Flen	norial Park Frostburg, Maryland
		UNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
-	nda .	John J. Hafer, Cumberland, Maryland	1 DAMN 20'60 Cerelling S. Three
			DANIES ES CONTRACTOR DE LA CONTRACTOR DE



1.3	Item 20 Film 255 THENICAL EVALUABLE CERTIFICATE OF DEATH
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
Poge es.	Allegany MARYLAND O. STATE Maryland b. COUNTY Allegany
S S S S S S S S S S S S S S S S S S S	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
9 9 0	Cumberland years Cumberland
of the A	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e IS RESIDE: CE ON A FARIT
i se ed c	233 Glenn Street 233 Glenn Street YES NOT
fun Stat deat	3. NAME OF DECEASED LILLIAN MARIE BUSKIRK OF DOOY Year OF DECEASED LILLIAN MARIE DOOY YEAR DOOY
the The	January 14 19 60
or Standard	for burndey! Months Days Hours Min.
hour S	Female White WIDOWED DIVORCED August 1897 62 yrs. 100. LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY) 11. BIRTHFLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
27.00	during most of working life, even if retired)
	Retired Suprvisor Metropolitan Ins. Hagerstown, Maryland USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
Bo No.	harles F. Schlotterbeck Wilhelmina Rumpel
e E e e	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address
5 4 6	no   Cityan, g vs war or dotes of services   Earl P. Schlotterbeck, Hagerstown, Maryland
6 F E E	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
o po o	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Asphyxiation due to
,	× 9.0.0 pur to
e de la companya de l	Conditions, if any, which) (6) Carbon Monoxide Gas
buri.	gave rise to immediate couse (IO), stating the underlying DUE TO
, m o .	cause fast. (c)
adin adi	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
de de de	PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO SPECIAL CAUSE WAS CONTRIBUTING DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO SPECIAL CAUSE WAS CONTRIBUTING DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO SPECIAL CAUSE WAS CONTRIBUTING DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO SPECIAL CAUSE WAS CONTRIBUTING DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES DISEASE CONDITION GIVEN
d bed	20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)  Defective Furnace Flue
Deat	
#U#2	Hour A a, m. 7 /2 / / / / / While Not while of foctory, street, office bldg., etc.)
The oge	2). I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and n my
1 2 d 1	apinion death resulted from Notural causes . Accident . Suicide . Homicide . Undetermined manner
orde Orde	Solide II, Homicide II, Onderermined marrier
G W	SIGNATURE Bluediet Skitarilie M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
e to be to gnot gnot	ASSISTANT MEDICAL EXAMINER
desi de th	RAMME (Type) Benedict Skitarelic M.D. DEPUTY MEDICAL EXAMINER 1/15/60
S. S	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
6 4 6 p	Burial   1/16/60   Rose Hill Cemtery   Hagerstown, Maryland
3. A15ME	John J. Hafer, Cumberland, Maryland  246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  JAN 20'60  Outland S. Hamel
5M 2/57	DATE JAN 20 60 Ontion S. Thous



# FOR STATE HEALTH DEPT.

I

TO DEPUTY A KIGHL EXAMINER: This carifficate shauld be executed within 24 hours after death. If any delay stary, please execute the facilie, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funero Skictor. Page 4 should be followeded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 22 hours after death.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist.	21	()	Λ	1	1	
Ren Dist	W	U	5.7	4.	.1	

1. PLACE OF DEATH 6. COUNTY	legeny	092 MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. STATE Haryland b. COUNTY Allegany
		c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  X Lengeoning
d NAME OF HOSPIT	in Street	hospital, give street address)	d. STREET ADDRESS  Main Street  Is RESIDENCE ON A FARMS YES   NO
3. NAME OF DECEASED (Type or print)	LAURA	Middle	BUTLER 1/2/1960 Day Year
5. SEX Fenale		RRIED NEVER MARRIED 8	8. DATE OF BIRTH  9. AGE (In years lead year)  9. AGE (In
		KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stole or foreign country)  Lonaconing, MD.  12 CITIZEN OF WHAT COUNTRY?  U.S.A.
13. FATHER'S NAME Willi	am Bell		Margaret Whitefield
15 WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		Mrs. Henry Heron, Lonaconing, MD.
18. CAUSE OF DEA	diote couse	me for (a), (b), and (c) ] MYCHIO - VASA	VIAT Renol Dispose Severe Years
PART II. OTI	(c)		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO POST 10 Port 1 or Port 11 of item 18 )
200. EXTERNAL CA FRIMARY O OF CO CAUSE OF DEATH.  20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year 20	od. INJURY OCCURRED 20e. PEAC thile Not while factor work at work	CE OF INJURY (Home, form. 20f. (City or town) (County) (State) lory, street, office bldg., etc.)
	<b>*</b>	e remoins described obo	
ACTUAL SIGNATURE	vo mct	ane_	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER TO TAKE
220. BURIAL, CREMATIC REMOVAL (Specify		22c. NAME OF CEMETERY OR Braddock	CONDEPUTY MEDICAL EXAMINER (CITY, Iown, or county)  CEMETERY Braddock Page (State)
23. FORVERAL DIRECTOR	e Occhho	MADDRESS MACCON	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



## MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

MARYLAND

IS RESIDENCE ON A FARM?

Year

19 60

LLEGNNY

Day

12

Hours

U. S. A.

INTERVAL BETWEEN ONSET AND DEATH

trovil

PERFORMED?

YES NO

(State)

Days

(Caunty)

		4	4		
clor,	ejt.	g P	-	7	\
direc	40	1	X	1	,

Page

1 PLACE OF DEATH

22c PHYSICIAN

NAME (Type)

REMOVAL (Specify)

Burial

24 FUNERAL DIRECTOR'S 5 GNATURE

23a, BURIAL, CREMATION, 23b, DATE THEREOF

DR. EARL

Scarrelli

PAUL

ALLEGANY

o. COUNTY

should by ) puo .5 Filled Pages death ofter c≡m<u>ilet</u> papers hours PIIII carban 2 5 # E physicia remove ottending 計 ģ permit. been signed fransit 6 buriof has aftending phy Б detach CTOR: pe - X Board TO FUNERAL MIS page 3 shauld

the death mertificate

VR A1S (4) 15M II/59

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) **CUMBER LAND** CUMBERLAND DAYS d. NAME OF HOSPITAL (If not in haspital, age at OR INSTITUTION MARW)

MEMORIAL HOSPITAL K & MEMORIAL d. STREET ADDRESS 127 ARCH STREET AVES. NAME OF DATE First Middle Last 4. Month DECEASED WILLIAM E. CASTLE DEATH (Type or print) **JANUARY** 26,1896 ast birthday) IF UNDER 1 YEAR! IF UNDER 24 HRS B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months FEBRUARY DIVORCED [ WIDOWED [ yrs MALE WHITE 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Railroad KESYER. WEST VIRGINIA Conductor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM L. CASTLE CORA MIERS 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? MEMORIAL HOSPITAL. CUMBERLAND. MARYLAND 705-09-52**T**@ 18. CAUSE Of DEATH [Enter only one couse per line, for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 20a ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Ewter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year Factory, street, affice bldg., etc.) Hour a.m. While Not while at work of work p. m. 21 | certify that (1) (this haspital) attended the deceased from saw the deceased alive an 19.00, and that death accurred at 22a, SIGNATURE ATTENDING M.D PHYS.

Hillcrest

Cumberland . Md

19.60, that (1) (we) last SIGNED STAFF DIRECTOR -22d. ADDRESS 624 WASHINGTON STREET, CUMBERLAND, MD. 23d, LOCATION (City, fown, or county) 23c NAME OF CEMETERY OR CREMATORY (State) Cumberland, Lary land ark 25a. REC'D BY REGISTRAR | 25b REGISTRAR'S SIGNATURE JAN 1 5 '60 DATE

2, USUAL RESIDENCE (Where deceased lived If institution Residence before admission)

b. COUNTY



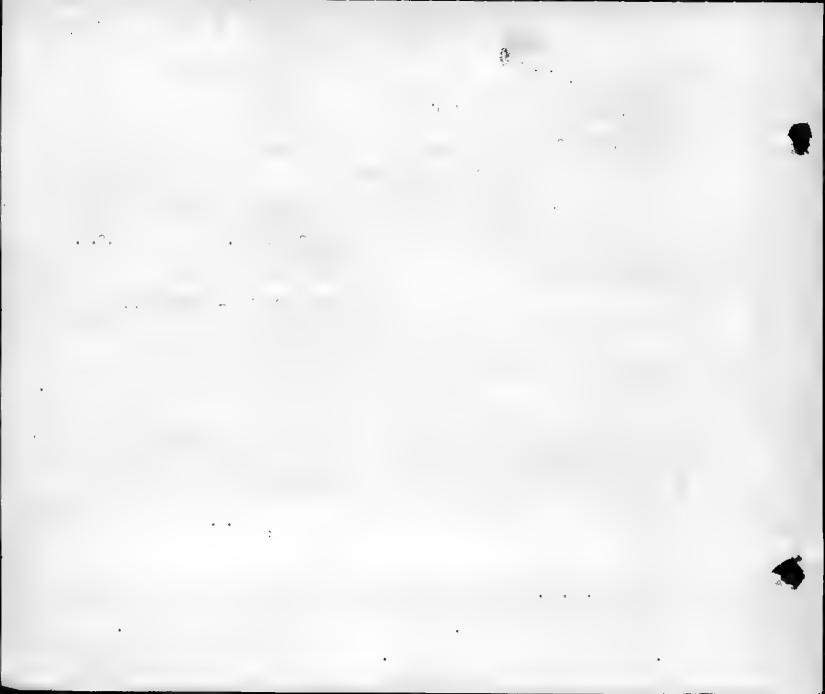
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VR A15 (4) 15M 9/59

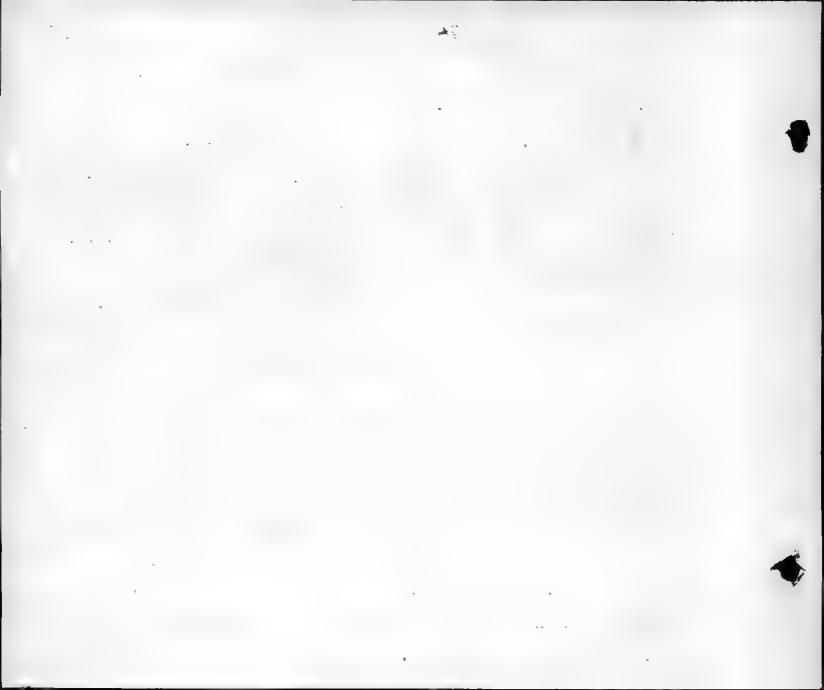
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			<del></del>		
1. PLACE OF DEATH  a. COUNTY  ALLEGANY	MARYLAND	2 USUAL RESIDENCE (Whe		n Residence before admission) V Lackawanna	
b. CITY OR TOWN (If outside corporate limits, write RURAL and a ve regrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	TOWN (If autside corporate limits, write RURAL and give nearest town)		
CUMBER LAND	I DAY	JERMY	N 7.	5 🗡 원	
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION  MEMORIAL HOSPITAL	d. STREET ADDRESS  • IS RESIDENCE ON A FARM? YES  NO				
3 NAME OF DECEASED (Type or print) First THOM	Middle CA	WLEY Last	4. DATE Mon- OF DEATH JAN	UARY 28 1960	
MALE WHITE WIDOW	4-1	B. DATE OF BIRTH  JULY 31, 1879	9. AGE (-n years last birthday) 80 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min	
10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired)  RETIRED	KIND OF BUSINESS OR INDU	HONESDALE	, PA.	12 CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
PATRICK CAWLEY		CATHERINE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You no, or unknown) (If yes, give were or dates of service)	SOCIAL SECURITY NO. 17. II	NEMORIAL HOSP	ITAL - CUMBER		
PART I DEATH WAS CAUSED BY:   MMEDIATE CAUSE (a)	ne far (a) (b), and (c).]	it Block		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which (b)	ptimed ald	ommal auta	onewym i	nt prontage	
gave rise to immediate cause (a), stating the under- (c)	toriordorstu	ardiovas	Enlor disen	se 10 years?	
PART II OTHER SIGNIFICANT CONDITIONS OF THE PROPERTY OF THE PR	contributing to death but	rttute, a	val disease condition giv	YES NO D	
	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	art tor Part II af Item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d I While at war	Nat while fa	ACE OF INJURY (Home, farm, clary, street, office bldg., etc.)		(Caunty) (State)	
21 1 certify that (I) (this haspital) attends saw the deceased alive an 1.84	ded the deceased fram.	death accurred at 12:		that (I) (we) last	
220 SIGNATURE W. alfred Van	Omez	M D PHYS DIE	D STAFF	226 DATE SIGNED	
22c PHYSICIAN'S NAME (Type) DR. W. A. VAN C	RMER	22d. ADDRESS			
230 BURIAL, CREMATION, 236 DATE THEREOF BURIAL (Specify) 1/30/60	St. Rose Cemetery		23d LOCATION (City, lown, Carbondale, I	,,	
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE	
H. Lee Silcox Cu	umberland, Md.	DATE JA	N 2 9 '60   a	rthug S. Firmed	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

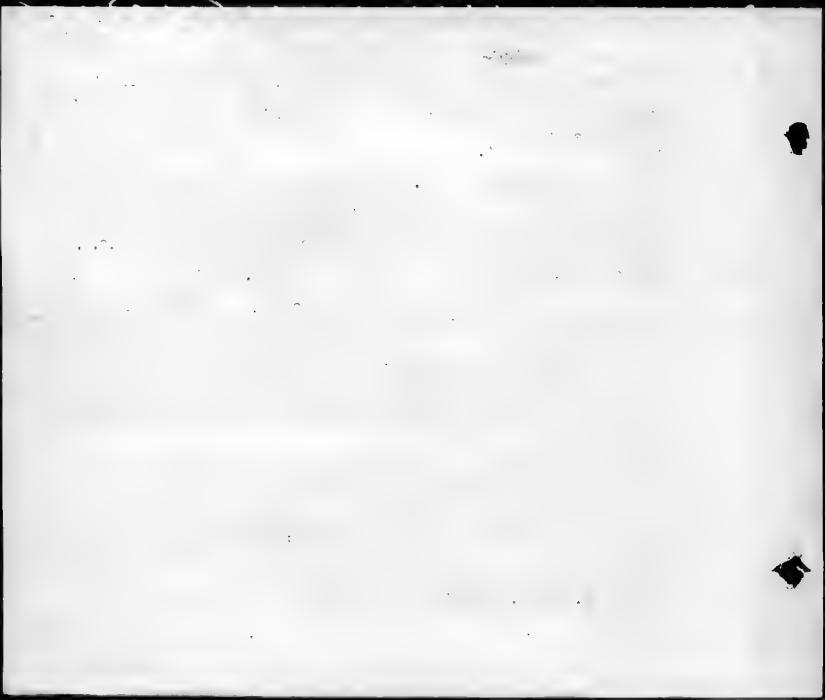


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

#### **CERTIFICATE OF DEATH**

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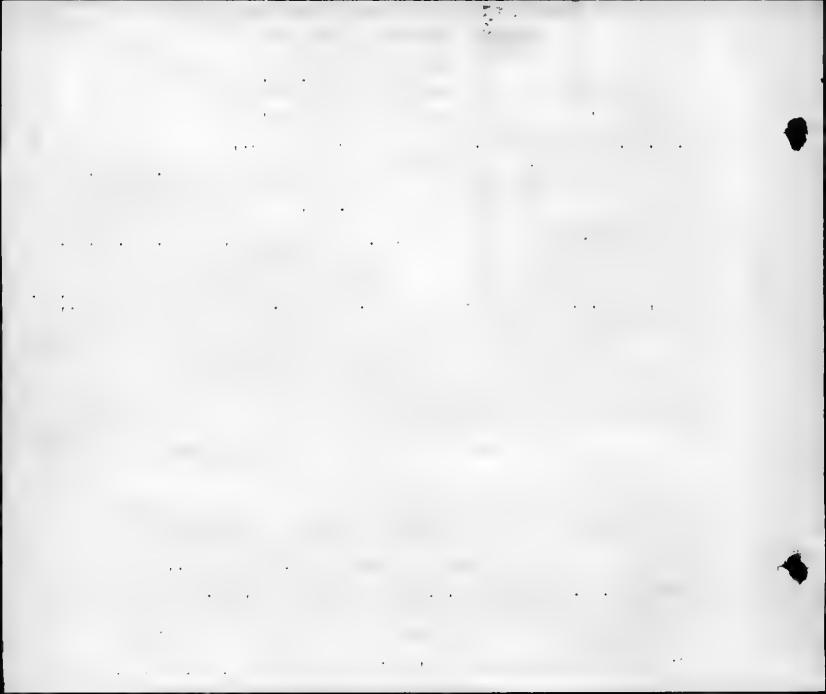
1. PLACE OF DEATH COUNTY ALLE	GANY	MARYLAND	2 USUAL RESIDENCE (WI o. STATE MARYL)		I COUNTY	idence befare admission) LEGANY
B CITY OR TOWN (IF RURAL and give ne CUMBERLA	IND	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  CUMBERLAND				
MEMORIAL	HOSPITAL GIVE STREET		d. STREET ADDRESS	L TOP DRI	VĒ	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First HARRY	Middle	CRITCHFIELD	4. DATE OF DEATH	JANUARY	Day Year
S. SEX	6. COLOR OR RACE 7 MARE	RIED NEVER MARRIED	B DATE OF BIRTH	9. At	GE (In years   IF UN st birthdoy)   Mani	DER 1 YEAR IF UNDER 24 HRS
MALE	WHITE WIDOWI		NOVEMBER II	61	79 yrs.	CITIZEN OF WHAT COUNTRY?
RAIL ROAD - Co	ing life, even if retired)	PAIL ROAD	PENNSYLV	ANIA	12.	U.S.A.
13 FATHER'S NAME	CDITCUETELD		14. MOTHER'S MAIDEN I		'CD	
	CRITCHFIELD	SOCIAL SECURITY NO. 17 I	A NN H	E E. WALT	Address	
	f yes, give wor or doles of service)		EMORIAL HOSPIT	TAL C		, MARYLAND
Canditions, if ar gave rise to in cause (a), stoting I lying couse last.	mmediate (	CONTRIBUTING TO DEATH BU	reoscles	INAL DISEASE COI	NDITION GIVEN IN	Sayra
PART II. OTH  200 ACCIDENT WA OR CONTRIBUTING UIF EITHER, NOTIFY	S IINDERLYING II 20h DES	CRIBE HOW INJURY OCCURRI	D (Fater acture of insury in	Part I or Part II of	item 18.)	PERFORMED? YES NO
	MEDICAL EXAMINER)				,	
20c. TIME OF INJURY Have a. m. p. m.	While		ACE OF INJURY (Hame, farm ectory, street, office bldg., etc		own)	(Caunty) (State)
21 I certify that sow the deceas	t (l) (this hospital) attended alive on	ded the deceased from.	death occurred of 210	OR, from the		965 that (1) (we) last the date stated above
22a SIGNATURE	Plant.	Surred	M.D. ATTENDING M	ED ST	AFF	226 DATE SIGNED
22c PHYSICIAN'S NAME (Type)	DR. CLAY E. DI	RRETT	23 6 Vn - C	ers Co	mber	land and
230 BUR.A., CREMATION REMOVA. (Specify)	N. 236 DATE THEREOF	SALISBURY	T CC.F.	ENLISE V	(City town, ar caus	Do Do
24. FUNERAL DIRECTOR	SIGNATURE M M MOONE	ADDRESS		D BY REGISTRAR	25b REGISTRAR'	





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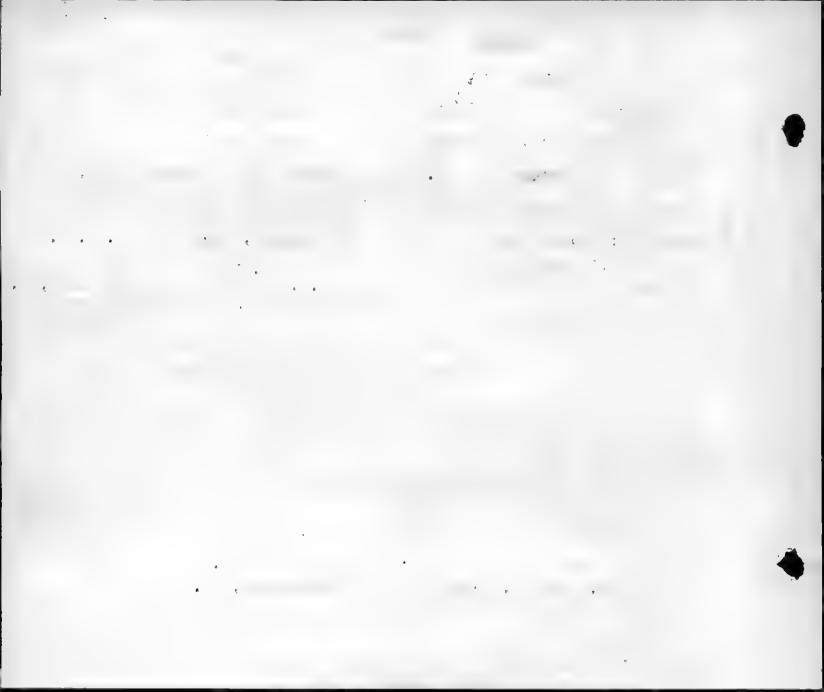
Cumberland

V5 A15 (4)

15M 9/58

Reg. Dist. No. 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Allegany c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) IS RESIDENCE ON A FARM? YES NO. Manth Day Year 60 January 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? Cumberland. Maryland U. S. A. Address Cumberland . Md. Allegany County Infirmary Records INTERVAL BETWEEN ONSET AND DEATH ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161 19. WAS AUTOPSY PERFORMED? YES NO P (County) (State) .. 19\_\_\_that I last saw the deceased and that death occurred a8: 10AM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, lawn, ar county) (State) Centenary Cemetery Cumberland Rt 3 Marvland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Ruth E. Silcox

Marvland



VS A15 (4) 15M 9/58

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ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
		CEDTIEIC ATE	OF	DEATH	

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- 4	۳	1.3	1 4	-	17

arthur S. Kinua

			nna	CERTI	FIC	ATE OF D	EATH	1			Reg. D		. (1)(1	~()
1.	PLACE OF DEATH a. COUNTY	egany	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Allegany										
	RURAL and give no		its, write	c. LENGTH OF STAY	IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
L	Rural-McC	JOOLE  [AL (If not in hospital, s	va strant	50 Yrs		A. STREET AD		ole					- 10 050	IDENICE
	OR INSTITUTION	rat (it has itt nespitat, )	3 46 311661	dodressj		O. STREET AD	DKE22							FARM?
3.	NAME OF DECEASED (Type or print)	Harry Th	omas	Middle	D	uckworth		4. DATE OF DEATH	J	Mon	th	р <sub>о</sub> 4	,	Yeor 1960
5.	SEX	6. COLOR OR RACE	7. MARE	HED THE NEVER MARRIE	D 🔲	8. DATE OF BIRTH			9. AGE (	n years thday)	-		<del></del>	ER 24 HRS
L	Male	White	WIDOWI	ED DIVORCEE	· 🗆	Mar. 12	, 189	6	6	yrs.	Manths	Days	Haurs	Min.
10	o. USUAL OCCUPATION during most of world Salesman	ON (Give kind of work king life, even if retired	n l	KIND OF BUSINESS OF ruit and Ve			ce (State) yland		country)			IZEN O		OUNTRY
13	FATHER'S NAME					14. MOTHER'S N	AAIDEN N	IAME						
	Thomas /	A. Duckwort	h			Minn	ie R.	Barr	nard					
		R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	.	DESTANABLE				Addı	ress			
	Yes	W.W. 1	22	20-16-5679	1 7	irs. Harry	y T.	Duckw	orth-	R.D.	1 K	eyse	er. W.	Va.
	18. CAUSE OF DEA	ATH [Enter only one co	ouse per li	ne for (o), (b), and (c).]		,							ERYAL BI	
	PART I, DEA	TH WAS CAUSED BY:	1	Cermon	i A	rtery	Dis	205	C			UN	SET AND クル	34/5
	420.	DUE TO		/		-							, ,	1
	Conditions, if o	ny, which ) (6	3											
	gave rise to i cause (o), stating lying couse lost.													
Z	PART II OTH			CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO T	HE TERMI	NAL D SEAS	E CONDIT	ION GIV	EN IN PA	RT ((o) 1	9 WAS	AUTOPSY
SATI														RMED?
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OF	CCURRE	D (Enter nature of i	injury in F	'ort I ar Pa	rt II of iten	1 18.)				
MEDICAL	20c. TIME OF INJUR Hour a.m. p.m.	Y Manth, Day, Ye	ar 20d. II While al wor	NJURY OCCURRED  Not while at work		ACE OF INJURY (Ho clory, street, office b			y or tawn)			(County)		(State)
	21. I certify th	at I attended the	deceas	ed from Dec	· · · · ·	29, 1959.	toa	Ton.	4	19/20	that I l	ast sav	v the c	leceased
	alive an	Tin	7. 19/0			accurred at								
	/	2 1200	1.10					ADDRESS (S	treet, city	or town,	state)		DA	E SIGNED
	ACTUAL EDWALLINE	culty	Mes 3	TIM		M.D. 111 AS	lifie	1154	Pied	14647	WV	<u>6.</u>		5-6
	PHYSICIAN'S NAME (Type)	Paul A.	Wil	son M.D										
22	PEMOVAL (Specify)		)F	22c. NAME OF CEME	TERY C	R CREMATORY		22d. LOCA	TION (City	, lown,	or county)		[Sta	re)
_	Burial (Specify)	1/6/60		Philos				Wes	tern	ort			Md.	
23	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		3.7.3		BY REGIS		th REGIS	STRAR'S S	IGNATU	RE	
	M. /-	SCARV		Westernpo:	$r v_j$	Ma*	DATE JA	N 6 '	60	a	Thur 1	. The	MA	

DATE JAN 6



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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0044	CERTIFICATE	OF	DEATH
2014	CERAITICATE	OI.	PLAIII

1 PLACE OF DEATH g. COUNTY	Allegany		MARYL	- 11	a. STATE	ry la	_	b COUNTY	Alleg	efore admission)
b. CITY OR TOWN ( RURAL and give n	(If outside corporate limi learest fown)	ts, write	c. LENGTH OF STAY IN	4 1b	c CITY OR TOW	VN (If aut	tside carporote	limits, write RI	JRAL and give	nearest town)
Cumber		]	8/20/59	- 7		dlar	ıd			
OR INSTITUTION	TAL (If not in hospital, g	give street a	ddress)		d. STREET ADDI	RESS				e. IS RESIDENC
	any Count	y In	firmary	- La						YES NO
3 NAME OF DECEASED (Type or print)	Henr		Middle	Eis	entrou		4 DATE OF DEATH	Janua:		7. 1966
5. SEX Male	6. COLOR OR RACE	7. MARRI WIDOWEI	DIVORCED	_	ATE OF BIRTH	7).	9 /	GE (In years est birthday)  85 yrs.	IF UNDER 1 Y	EAR IF UNDER 24 H ys Hours Mil
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b. I	(IND OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE	(State or	r fareign count	y)	12. CITIZEN	OF WHAT COUNT
Retired	rking life, even if retured  - Miner	'			Echha	rt.	Maryl	and	U.	S. A.
13. FATHER'S NAME		,		1	4. MOTHER'S MA	NIDEN NA	ME			
Ge	orge Henr	y Ei	sentrout		Marga	ret	Engle			
15. WAS DECEASED EVE	ER IN J 5 ARMED FOR (If yes, give wor or dates of s	CES? 16. S	OCIAL SECURITY NO.	INFO	RMANT P.O			Addr	en Cumb	erland,
	(1. ) at g. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			_A]	legany	Cou	mty_I			
PART I. DE.	ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO	)	e for (a), (b), and (c).]	c /	nyoc	101	lial	Doge	ung	INTERVAL BETWEEN
Conditions, if a gave rise to i couse (a), stating lying cause lost.	the under-	,	Pulu	al	ran	2/	Jel	eres	10	2
PART II. OT	HER SIGNIFICANT CON	DITIONS E	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO TH	E TERMIN	IAL D SEASE CO	NDITION GIV	EN IN PART 1	g) 19 WAS AUTOP PERFORMED: YES NO
	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (I	inter nature of in	tury in Po	ort I or Port II o	of item 18)		
20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Ye	While	UURY OCCURRED 2 Not while of work	factory	OF INJURY (Hon , street, office blo	ne, form, dg., etc )	20f (City ar	iawn)	(Cau	nty) (Str
21. I certify it alive an 1/6 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the 5/60  Lecces  Or. James	3	ed from 8/20, and that of Leau		49	20A <sub>A</sub> Gree	7/60 A, from the DORESS (Street ene St land,	causes an	d on the d	saw the decear ate stated abo DATE SIGN
220 BURIAL, CREMATIC	ON, 22b. DATE THEREC	)F	22c. NAME OF CEMET	ERY OR C			22d. LOCATION		or county)	(State)
REMOVAL (Specify			Memorial				Frost		MD.	*
23. FUNERAL DIRECTOR	'S SIGNATURE ETCHHORN	LONA	ADDRESS ACONING,		24	a. REC'D			STRAR'S SIGN	

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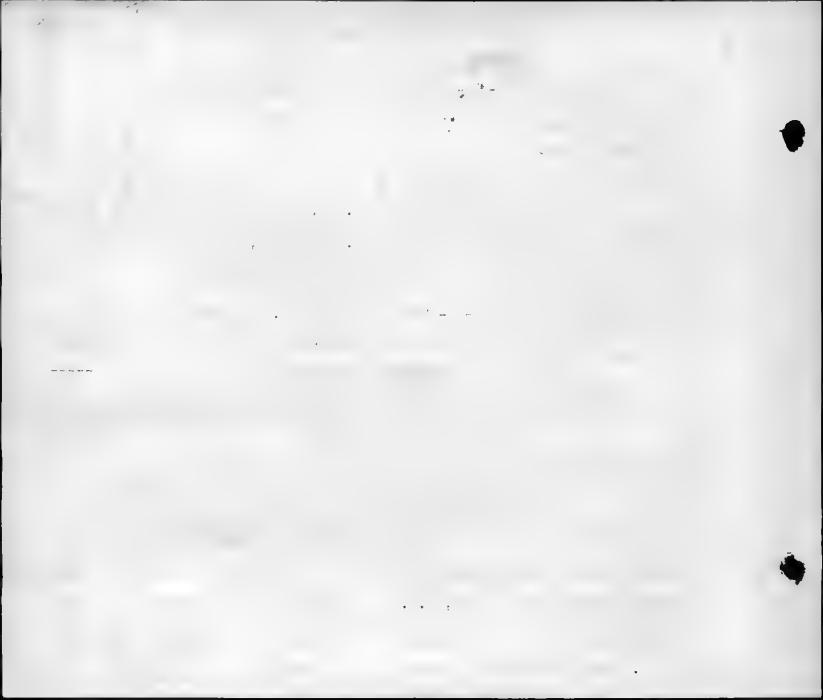
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00022

	Reg, Dist, No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived Minstitution Residence before admission)
Allegany MARYLAND	o STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (II autiside carporate himits, write BURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
and give nearest town	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS 6 15 RES DINCE
233 Glenn Street	233 Glenn Street YES NO 20
3. NAME OF PIEST Middle DECEASED	Lost 4. DATE Month Day Year
	IAS DEATH January 11 19 60
5. SEX 6. COLOR OF RACE 7 MARRIED NEVER MARRIED 3	lest b-rhday)
	ct. 18,1910 49 yrs
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	
Retired Potomac Edison	Co. Frostburg, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edwin Elias	Margaret Bannatyne
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN	FORMANY Address
yes   WW 11   214-10-4725 Th	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	nomas Elias, Frostburg, Maryland
	Occlusion Sudden
IMMEDIATE CAUSE (0)	occidaton Budden
420. Due to Coronary	Sclerosis
Conditions, if ony, which agove rise to immediate course	DOTOTOSIE
(a), stoting the underlying DUE TO	
cause last, (c)	The state of the s
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMEDS
8	YES NOTE NOTE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  COO. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONT	nter nature of injury in Part I or Part II of item 18.)
PRIMARY OF CONTRIBUTING CI CAUSE OF DEATH.	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, i 20f. (City or town) (County) (State)
Hour e. m. While Not while facto	rry, street, office bldg , etc.)
21. I certify that I took charge of the remains described above	
	The state of the s
opinion death resulted from: Natural squses [6], Accident [	, Suicide , Homicide , Undetermined manner
ACTUAL BOUND & SE'TO I	DATE SIGNED
SIGNATURE CIENCOLOT SPETOTELLE	_M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S	ASSISTANT MEDICAL EXAMINER
NAME (Type) Benddict Skitarelic, M.D.	DEPUTY MEDICAL EXAMINER D January 11, 1960
270. BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, lown, or county) (Stole)
	'1 Cemetery Arlington, Virginia
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
John J. Hafer, Cumberland, Maryland	PATEN 1 4 '60
	1 POJAN 1 4 '60 Cirthun S. Kinus

Page ary, please Health, ctor. Pag your files TO DEPUTY No. 14 EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the conficte, writing the ward "pending" in pendil in 11em, 18. Give Pages 1, 2, and 3 to the fune: A shauld be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transil permit. File pages 1 and 2 with the State Board-et, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. 

**#8. A15ME** 5M 2/57



**ADDRESS** 

IS RESIDENCE ON A FARM? YES NO TO Year 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? USA Eckhart . Maryland City Products Foreman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Company Margaret Ellen Myers Jefferson A. Emerick IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 210dryouth Street 214-05-5103 Mrs. Lucretia Emerick, Cumberland, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: do to IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate DUE TO catse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while at work at work p. m. 2 - 16 19 6 Withat I last saw the deceased 15. m 1 21. I certify that I attended the deceased from \_\_\_\_\_\_\_ and that death accurred at 8:30 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) 236 Va. Avenue, Cumberland, Maryland **ACTUAL** SIGNATURI PHYSICIAN'S 236 Virginia Ave, Cumberland, Maryland NAME (Type) Clay E. Durrett 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify)
Burial Jan. 19, 1960 Sunset Mem. Park Cumberland, Maryland

24b. REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

DATE JAN 21 '60

after hours remove ottending ă Ony Per det prior å DIRE FUNERAL DIR o

CATION

23. FUNERAL DIRECTOR'S SIGNATURE

John J. Hafer, Cumberland, Maryland

ISM 9/55

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0017	CERTIFICATE	OF	DEATH
------	-------------	----	-------

1. PLACE OF DEATH		2. USUAL RESIDENCE (WI			n Residen	ce befor	e admiss	ion)
a. county Allegany	MARYLAND	o. STATE Maryla	nd	b. COUNTY	Alle	gany		
	IGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside carporate li	mits, wrste Ri	JRAL and g	give near	rest town	)
Cumberland	7 hrs.	Cumberlan	d					
d. NAME OF HOSPITAL (If nat in hospital, give street address OR INSTITUTION		d. STREET ADDRESS					IS RES	IDENCE FARM?
Sacred Heart Hospital		700 Gephar	t Drive					KON
3. NAME OF First	Middle	Last	4. DATE	Mont	h	Day	, 1	Year
(Type or print) Anna		Flanagan	OF DEATH	Ja	nuary	3,	, 1	1960
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		E (In years t birthday)	IF JNDER	-		
Female White WIDOWED	DIVORCED 🗌	2/6/75	103	814 yrs.	Months	Days	Hours	Min
10a USJA, OCCUPATION (Give kind of work done 10b KIND (during most of working life, even if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country		12 CITI	ZEN OF	WHATC	OUNTRY?
Housewife Own	home	Marylan	d, Ocea	n		U.S	A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	AME					
Timothy Byrne		Sarah	Cullen					
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO	NFORMANT		Addr	ess Cu	ımb.	Md	
(1) Age that or derive of search	Mr	s. Bernadet	te Wolf	e 700	Gen	har	t D	rive
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost.  Part II OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISPASE CON	ADITION GIV			. WAS	
CATIC							PERFO	RMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IOW INJURY OCCURRE	D (Enter nature of injury in )	Part I or Port II of	item 18.)				
		ACE OF INJURY (Home, form ctory, street, office bldg, etc.		wn)	((	County)		(State)
21. I certify that/I attended the deceased fro	om. 1/8	1950 to	1/3	19670	thot I lo	st saw	the d	eceosed
olive on 1/2. 1960	_, and that death	occurred at 12:30	Marrom the	couses on	d on the	dote	stoted	obove.
ACTUAL SIGNATURE Des Home	2		ADDRESS (Street, o					E SIGNED
PHYSICIAN'S NAME (Type) T.OO H. Ley, Jr., M.I	).	456 N.	Center S	t., Cu	mberl	and,	Md.	•
220. BURIAL, CREMATION 22b. DATE THEREOF 22c. I	NAME OF CEMETERY O	R CREMATORY  k * S Cem.	22d LOCATION Cumber		,,		(State	e)
	DDRESS		D 8Y REGISTRAR	24b. REGIS			E	
H. Wayne George Cumber		DATELAN			nur &			



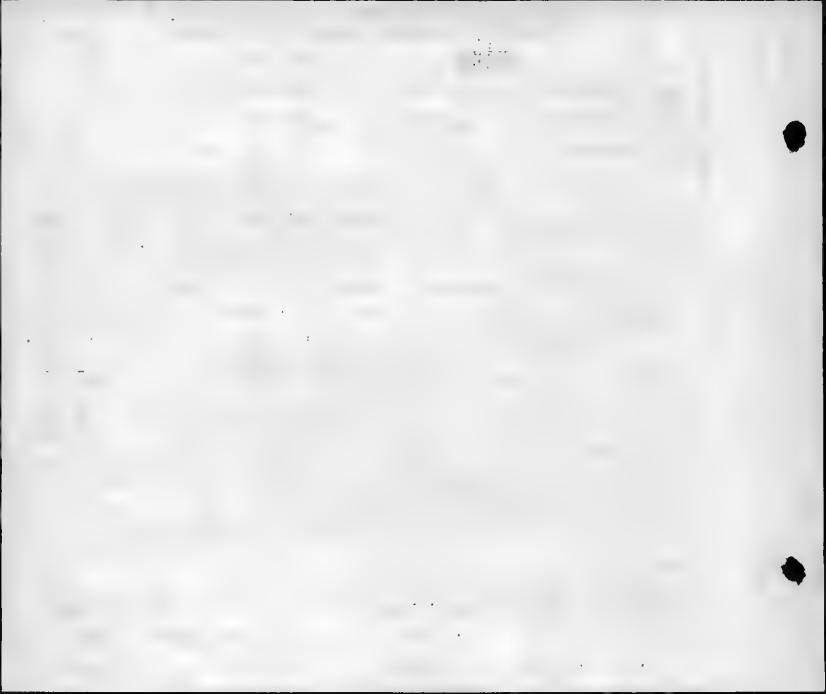
VS. A15ME(5) 5M 9/55

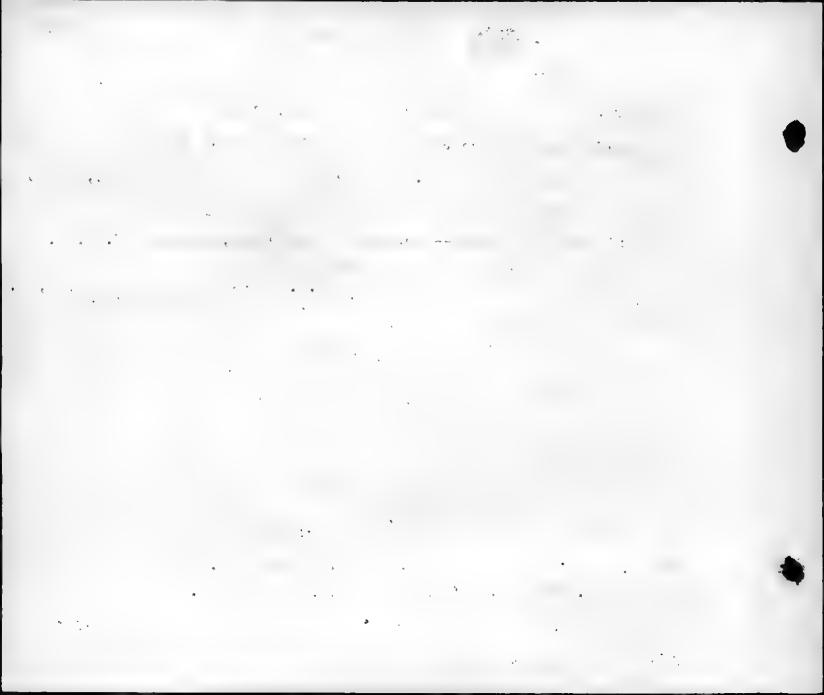
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	001	19	11	Vhere decreased lived. If in		e before admission)					
Allegar	ny .	MARYLAND	o. STATE Mary	land b. co	Alle	egany					
b. CITY OR TOWN (If outside corporate and give nearest town)	limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside corporate limits, v	rrite RURAL and g	ive neorest town)					
Cumberland											
d. NAME OF HOSPITAL OR INSTIT	UTION [If not in hosp	ital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?					
942 Gay Stree	>t		942	Gay Street		YES NO					
3. NAME OF DECEASED	ionth	Day Year									
(Type or print) LOU	100	CONTRACTOR OF THE PARTY OF THE	REMAN	DEATH Janua		19 60					
5. SEX		NEVER MARRIED	I. DATE OF BIRTH	9. AGE (In year last birthday)		EAR IF UNDER 24 HRS.					
Male Whit		22		1867 92	yrs.						
10a. USUAL OCCUPATION (Give kind during most of working life, even if	of work done 10b. Kli retired)	ND OF BUSINESS OR INDUS	IRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZE	N OF WHAT COUNTRY?					
Retired		mster		Ferry , Wes	t Va. I	JSA					
19. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME							
James Fore	eman		Anna Get	tv							
15. WAS DECEASED EVER IN U. S. A	MED FORCES? 16. S	OCIAL SECURITY NO. 17. 1	NFORMANT	Ado	Iress						
no		none Jo	hn Foreman.	Cumberland	. Maryla	and					
18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c), 1											
PART I. DEATH WAS CAUSED BY.  [MMEDIATE CAUSE (o)]  Chronic myocarditis, pulmonary edema 24-48 hrs.											
422.1	DUE TO										
Conditions, if any, which)	[b]	Arterioscle	rotic C V d	isease							
gave rise to immediate cause	DUE TO		•								
(a), stating the underlying cause lost.	(c)										
Z PART II, OTHER SIGNIFICA		TRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INALDISEASE CONDITION	GIVEN IN PART I	(a) 19. WAS AUTOPSY					
N A		respiratory				PERFORMED?					
PART II. OTHER SIGNIFICA  AC  200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING E CAUSE OF DEATH.	* *	HOW INJURY OCCURRED. (I		f I or Port II of item 18.)		The Control of the Co					
2	Day, Year 20d. IN While		CE OF INJURY [Home, form ory, street, office bldg., etc.	20f. (City or town)	(Count	y) (Stote)					
O Hour o.m. ₹ p.m.		k of while									
21. I certify that I taak	charge of the re	emains described abo	ve, held an Autaps	y , Inspection	, Inquiry	X, and find that					
death resulted fram: N	atural causes 📶	, Accident [], Sui	cide [], Homicide	, Undetermine	d cause .	_					
	4 (10	1, 7			_						
SIGNATURE Sente											
	ASSISTANT MEDICAL EXAMINER										
NAME (Type) Benedict		ic, M.D.	DEPUTY MEDICAL	EXAMINER 🔲	January	31, 1960					
22a. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify)	THEREOF 2	MC. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, to	vn, or county)	(State)					
Burial 2/1	60	Mt. Herman C	emetery .	Allegany Con	inty, Ma	ryland					
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		D BY REGISTRAR 24b. R	EGISTRAR'S SIGN	ATURE					
John J. Hafer,	umberland	l, Maryland	DATEF	B 4 '60	Circhian S. T.	GAMA					





be retained by the haspital or attending physician.

LERIL DIRECTOR: After this multirate los been signed by the attenting physician and completely filled in by the funeral director, 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with agistrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

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VS A1: 15M 1	

				002	O CENT	1107	CIE OI E	/L/7111				Reg. D	list. No				
)		PLACE OF DEATH	0.037		MARY	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution 5. COUNTY)										
'		b. CITY OF TOWN IN	outside corporate lim	ils, write	c. LENGTH OF STAY	IN 15	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)										
		Cumberlar	nd		3 Wks		Tamp	a.				4	X×	Pp.			
		d. NAME OF HOSPITA	AL (If not in hospital, i	give street	oddress)		d. STREET A	DDRESS						e. IS RE	FARM?		
	L	805 Man	s Ter.												NO 🏝		
		NAME OF DECEASED	Fi	rst	Middle	_	los	- 1	4. DATE OF	~	Mon		De	,	Year		
	<u> </u>	(Type or print)	John	1-	D		erty	Sr.	DEATH	- C/ 4/1		30,	- 2 WE 4 F		19 60		
	2	SEX	6. COLOR OR RACE	1	RIED TO NEVER MARRI	ا ب	DATE OF BIRT		20	9 AGE	(In years orthdoy) yrs.	Months	Days	Hours	M <sub>I</sub> n		
	ļ.,	M	77	WIDOWI			Aug.	7 <b>,</b> I89			yrs.	<u></u>					
	100	during most of work	IN (Give kind of work ing life, even if retired	)	KIND OF BUSINESS C	R INDUS						12. C		OF WHAT	COUNTRY?		
		Retired	Mgr	<u> </u>	inery			ware		io			USA				
-	13.	FATHER'S NAME					14 MOTHER'S										
•	_	Patrick			a Del	Free.	S										
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes. no. or unknown]   (if yes, give mor or dates of service)										, (*)							
No 214-07-1136 Twila Gogerty 4310 N. A- St Ta											ampa						
lanta di la												INTERVAL BETWEEN ONSET AND DEATH					
		PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	)	Carcino	na o	f the	rectu	m					Months ??			
		154x	DUE TO	)											7,0		
		Conditions, if or	y, which ) (t	3								•					
	gove rise to immediate DUE TO																
		lying couse last.	le Airden	.)													
	Š	PAIT II. OTH	ER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEAS	E COND	ITION GIV	EN IN PA	RT 1(o)	19 WAS	AUTOPSY		
3	CAT														NO 🔲		
	CERTIFICATION	200 ACCIDENT WAS	S UNDERLYING  CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enler noture o	f injury in Po	ort I or Par	t II of ite	m 18.)						
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)														
	CAL	20c. TIME OF INJURY	Month, Day, Ye		NJURY OCCURRED	20e. PLA	CE OF INJURY	Home, form,	20f. (City	y or town	J	-	(County)		(State)		
	MED	Hour a, m, p, m,	19	While of wor	Not while	F	lory, street, offici	totag., etc.)	,								
21. I certify that j attended the deceased from 1/57, 1960, 10 1/30, 1960, that I last saw the dec											docoorer						
		alive on	//27	19 4		death			M fear	n the		ad aa	the de		ad abave		
The state of the s											ATE SIGNED						
SIGNATURE SLADE, Sey SC M.D.										777	100						
		SIGNATURE	7 7.	-	10	n	1.V						/-	/			
,		PHYSICIAN'S NAME (Type) L	eo H. Ley	Jr	456 N.	Ce	ntre St										
	220	BURIAL, CREMATION	N, 226. DATE THEREC	)F	22c NAME OF CEMI	ETERY OR	CREMATORY		22d. LOCA	TION (Ci	ly, town, c	or county)		(Sto	e)		
		Burial	2 -2-60	)	St Marys	Ce	m.		Cumb			Mar	-	- 4			
	23.	FUNERAL DIRECTOR'S			Cumberlan			24- 0000	BY BECH	TOAD	246 REGIS	STRAR'S S	ĮGNĄJU	RE			
		James 1	. Scarpe.	FTT (	oumper ran	وغالا	Ma .	DATE FET	4 1	50	a	Thun 2	I. The	H.A.			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00028 **CERTIFICATE OF DEATH** 0097 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Allegany Marvland Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Eckhart, Md. d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Miners Hospital Frostburg, Md. YES NO 🖫 NAME OF **First** 4. DATE Middle Last Month OF DEATH (Type or print) Lorna Mae Goodwin Jan. 19 60 5. SEX 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED X IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Hours female white WIDOWED [7] DIVORCED | Dec. 17, 1959 popers. 775 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 72 hours after de 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ronald Goodwin June 5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ECKHAR CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO permit. Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part t or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, Day, Year 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a. m. While Not while at work at work 21. I certify that I attended the deceased from . \_\_\_\_\_, 1 20, that I last saw the deceased alive on and that death occurred M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) C 22a BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 228 (State) **REMOVAL** (Specify) RestLaun DYRIBC 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Cirthur S. Hrace

puo

physician

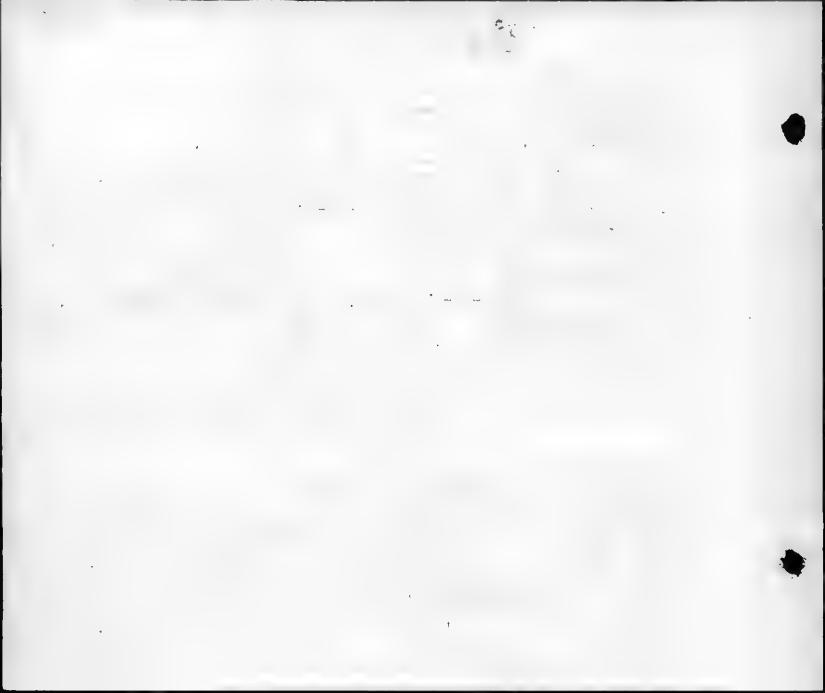
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VS A15 (4) 15M 9/58 0078 CERTIFICATE OF DEATH

1	1. PLACE OF DEATH o. COUNTY	ALLEGANY	MARYLAND	2. USUAL RESID	ARYL	ere deceased	lived. If instituti	on: Residence bel		
	B. CITY OR TOWN (IF RURAL and give no. FROS	outside corporote limits, write grest town) TBURG	c. LENGTH OF STAY IN 16  LIFE		ROST		ate limits, write f	RURAL and give n	earest town)	
	OR INSTITUTION	AL (If not in hospital, give stre GLENN ST.	et address)	/d. STREET A	A	LENN	ST.		o is residence on a farm? YES NO	
	3. NAME OF DECEASED (Type or print)	HENRY	THOMAS	Last HA	RRIS	4. DATE OF DEATH	JAN.	30.	Year 19 60	
	S. SEX MALE		ARRIED NEVER MARRIED X	6-20-]	902		9 AGE (In years ost birthdoy) 57 yrs.	Months Days	R IF UNDER 24 HRS Hours Min	
	SHOE SAL	inculife, even if retired)	Ob. KIND OF BUSINESS OR INDUSELF—EMPLOYET	1	CE (Stole of		untry)		S. A.	
	13. FATHER'S NAME JOH	N C. HARRIS		14. MOTHER'S			ATES			
	15. WAS DECEASED EVER (Yes, no, or unknown)	IN U. S ARMED FORCES? 1	00 10 0001 -	informant IRS - THE	LMA	MORGA		stburg,	MD.	
	PART I. DEAT  331×  Conditions, if an gove rise to in	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under:  DUE TO  DUE TO  DUE TO								
}	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO NO NOT CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)									
		MEDICAL EXAMINER)		ACE OF INJURY (				(County	(Stote)	
	Hour o, m, p, m.	19 Whi	vork of work	octory, street, office	- 7		7.5 //			
f	21. I certify the alive on Self	of I offended the dece 1 30 19 WOM L	ased from All (1960), and that death	19,3.5 h occurred #12	מנפים	M, from t	the causes or eet, city or town,	nd on the dat	the deceased the stated above.  DATE SIGNED	
	PHYSICIAN'S NAME (Type)	W. O. McL	ANE, M. D.		FR	OSTBU	RG, MD	. /	960	
	220. BUR AL, CREMATION REMOVAL (Specify) BURTAL	FEB. 2, 190	22c, NAME OF CEMETERY OF F BG . MEN	OR CREMATORY			ION (City, town,	RG, MD.	(Stote)	
	J. R.	DURST, FROS!	TBURG, MD.		24a. REC'D DATE FES	BY REGISTR		istrar's signati vilum S. Kua		





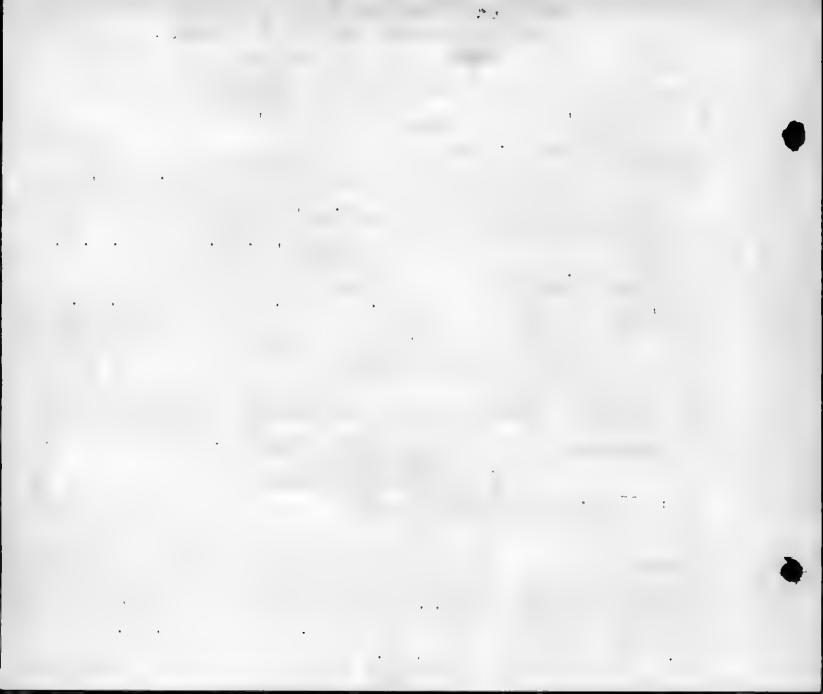
VS. A15ME(5) 5M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	- ()	U	8.7	IJ	
Dist	Ma	-	76		

			100					Key, DI	\$1. T40.	
1. PLACE OF DEATH	A 1 1 0 0 1 10 10	U	122	Ì			ceased lived. If inst			*
	Allegany		MARYLA	CMI	o. STATE Ma	rylan	d b. cour	All	egan	<b>y</b>
b. CITY OR TOWN (I and pive negres) town  Cumber		RURAL	c. LENGTH OF STAY IN	1b		VN (If outside	corporate limits, wri	te RURAL and	give near	est town)
		not in hos	pital, give street address)		4 STREET ADDI	ES\$				IS RESIDENCE
	Heart Ho	sp.			McKe	nzie	Road		Y	ES NON
3. NAME OF -DECEASED (Type or print)	Fire SYLVIA		Middle Le e		ton HERRELL	4. DAT OF DEA	_		Doy 19,	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRIE	D KINGEVER MARRIED	B. I	DATE OF BIRTH		9. AGE (In years	IF UNDER		UNDER 24 HRS.
Female	White	WIDOWE	DIVORCED [		Nov. 11,	1901	58 yrs		Days Ho	ours Min.
Housewi	ON (Give kind of work of life, even if retired)  10	10b. K	IND OF BUSINESS OR IN		Paw Pa	W. W.	Va.		S.	/HAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAI					
	er J. Jen				Laura	Cowg	ill			
15. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FOI (If yes, give wor or dates of s	errice)			Robert	м. Не	rrell La		, Mc	i.
18. CAUSE OF DEA	TH Enter only one caus	ie per line f	for (o), (b), and (c).]							BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)		Pulmonary I	mbo	olism. M	assive			Sudden	
900.0										
	Conditions, if ony, which) (b) Accidental Injury									Days
	gove rise to immediate couse (o), staling the underlying DUE TO couse last.									
Z PART II. OTI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY									
CATIO										ERFORMED?
PART II. OTI	JSE WAS NTRIBUTING []		How injury occurred two s				rt II of item 18.)			
20c. TIME OF INJU		203, 1	NJURY OCCURRED 20e.	PLACE	OF INJURY (Home	, form, 20f,	(City or town)	(Cavi	nty)	(State)
Hour 4.m.	Dec.31 195	9 at wo	Not while O		Tome		aVale	Allega	nv	Marvland
			emains described							
			Accident ,							no ma ma
ACTUAL SIGNATURE	Remedica	tsk	etarelic	_	MLD.	CAL EXAMINER	_		Đ,	ATE SIGNED
EXAMINER'S						REDICAL EXAM				
	enedict Ski					ICAL EXAMINE	TE UGITAG	ry 19,	1960	)
BUT 1 & I BUT 1 & I	1/22/60		Davis Mem				CATION (City, lown amberlan			(State)
23. FUNERAL DIRECTOR	'S SIGNATURE	-	ADDRESS			REC'D BY REC		GISTRAR'S SIG		
H. Wayne	e George	Cumb	erland, Mo	d.	DA	TE JAN 2 5	5 '60	Thin 8.	400	
					UA.	AHIL F	00	Jennin A.	/ Wallet	



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CERTIFICATE OF DEATH

			-
Rea	Dist	No	

L			0112	45	111147		D = 7 ( )	<u> </u>		Reg Dis	t. No.		
J1.	PLACE OF DEATH						ESIDENCE (Wh	ere deceased	lived. If instituti	on: Residen	e before	e admiss	ion)
	a. COUNTY	LIEGANY		M	ARYLAND	o. STATE	MARYLA	ND	b. COUNTY	ALLE	GAN	Y	
↟	b. CITY OR TOWN (	If outside corporate lin	nits, write	c. LENGTH OF ST	AY IN 1b	c. CITY C	R TOWN (If o	utside corpor	ote limits, write R	URAL and g	ive near	est fawn	1
	RURAL and give n	IMBERTAND		lidas	7.0	12	CLIMBER	CIVALTS					
		TAL (If nat in hospital,	give street			,d. STREE	T ADDRESS				•	. IS RES	IDENCE FARM?
		CRED HEART	1			1	233 00	THMBT	A ST			YES	
3.	NAME OF		int	Mid	dle	-	Last	4. DATE	Man	ıth.	Day		ear .
	(Type or print)	NETA	TE		ORENE		HILL	OF DEATH	1		5		960
S.	SEX	6. COLOR OR RACE		RIED A NEVER MA		B. DATE OF B			9. AGE (In years	IF UNDER			
			WIDOW	_	RCED 🗍	11-25			last birthday) 78 yrs.	Months	Days	Hours	Min.
10	FEMALE.  USUAL OCCUPATION	ON (Give kind of work						or foreign co	1 100	12. CITU	ZENI OF	WHATC	OUNTRY'
	during most af wor	king life, even if retire	d)		0 011 171000	11, 0,			,,,,	12.0			
13	HOUS FATHER'S NAME					14 HOTH	MARYTA R'S MAIDEN N	9.			0.	S.A.	
	THIRD STANIC			_		15. 700111			B 18505 750	ERI .			
3.0		REERT L. M	SBIT		NO T II	EFORMANT	LAURA	PIERC	E NESBIT'				
	st. no. or unknown)	(If yes, give wor or dates of	service)	SOCIAL SECURITY	NO.	RICHMARI			Add	ress			
	No			None			PT'S	CHART					
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]										ONSET AND DEATH		
PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Millius a										Laago			
609 V DUE TO													
Conditions, if ony, which (b) willary in Rechi hu													
gave rise to immediate couse (a), stating the under.													
	lying couse lost.		(c)										
Z	PART II. OT	HER SIGNIFICANT CO	NOITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	1(0) 19	. WAS	AUTOPSY
CERTIFICATION	Car	Ellad G	Gal	Man!	160	moli	ec						RMED?
TIEK	20a. ACCIDENT WAS UNDERLYING ( 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)												
CER	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)												
3	20c TIME OF INJUI	RY Month, Doy, Yo	ear   20d, I	NJURY OCCURRED			RY (Home, form		or town)	(0	ounty)		(Stote
MEDICAL	Hour a.m.	19	While		foc	tary, street, o	ffice bldg., etc.	1			**		
2	1776												
	1.	oat I attended the	/				, ta/	-5	, 19.22	that I la	st saw	the d	eceasea
	alive an	5	, 194	and th	nat death	accurred			the causes an		date		
	ACTUAL	10: 0 Ken	11 1	12000			•	ADDRESS (Str	reet, city or town,	stote)		DAT	E SIGNE
	SIGNATURE	rescure	4/	adj	^	M.D							
	PHYSICIAN'S			,									
_	NAME (Type)	F. PRINGS	C.M.			5	Green	_Sb					
22	PEMOVAL (Specify	N, 22b DATE THERE		22c. NAME OF C					ION (City, town,	. "		(Stot	e)
	Burial Specify	10	1960	Hill C	rest_	Cemet	ery	Cu	mberlar				
23	FUNERAL DIRECTOR Byron	S SIGNATURE	Cumb	erland,	Md.			D BY REGISTI	100	STRAR'S SIC			
	pyron.	TETTO	o can	JUL LULLUS	Ditt.		DATE	IAN 8	60	Irillian 2	I. The	HANG	

TO HOSPITAL (\*\* TINNELL THYSELIAN: The low requires that the again cerminal are executed to entering a the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B



that the death certificate be executed



FUNERAL page 10

> A15 (4) 15M 9/59

wis

attendin

ь

Page

certificate

death

Burial 7/60 24 FUNERAL DIRECTOR'S SIGNATURE John J. Hafer, Cumberland, Maryland

Hillcrest **ADDRESS** 

25g REC'D BY REGISTRAR

Cumberland. Maryland 25b REGISTRAR'S SIGNATURE

e IS RESIDENCE

ON A FARM?

YES NO

Yeor

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

, that (I) (we) last

(Stote)

22h DATE

SIGNED

(Stote)

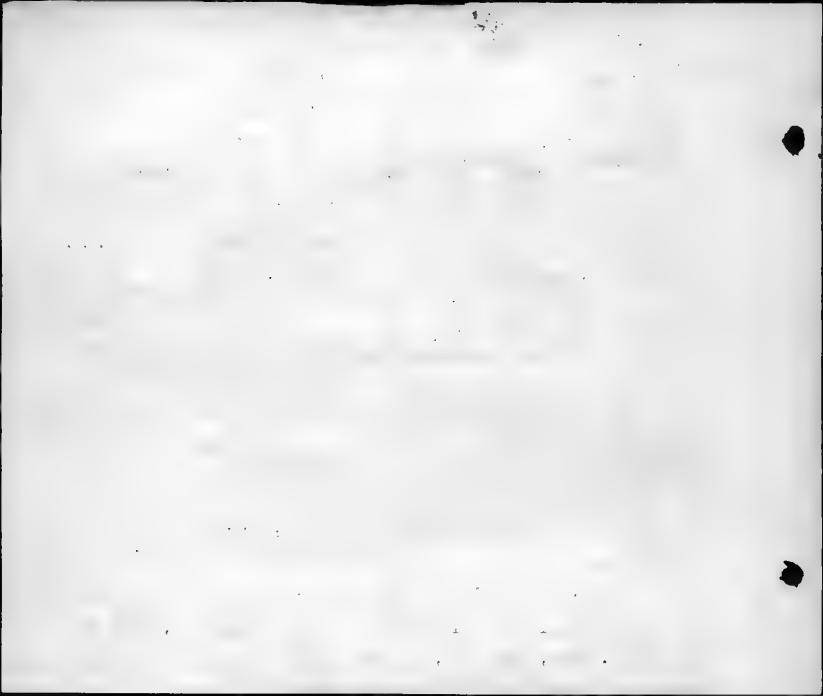
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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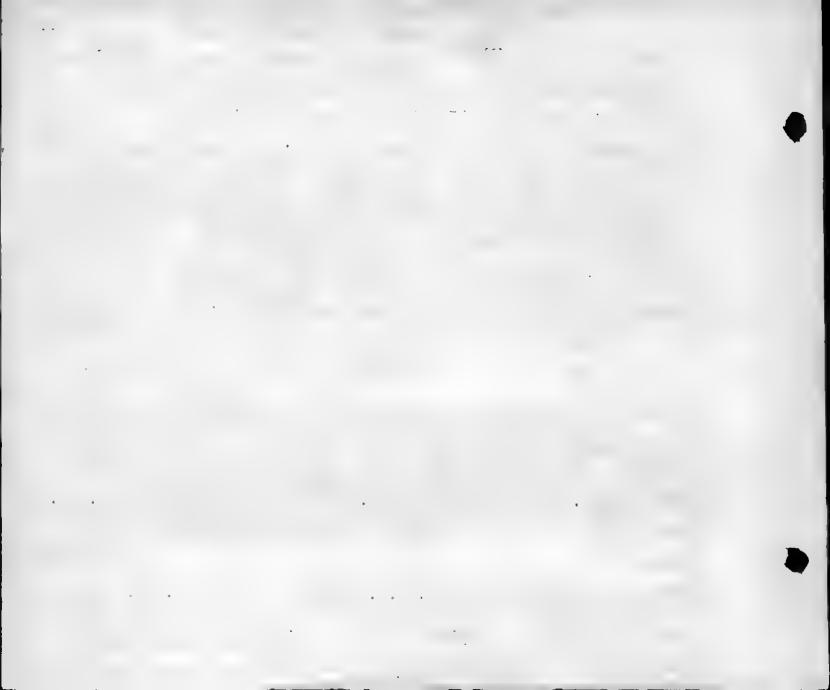
word "pending to be used to be us

er the Chief Medical E. L DIRECTOR: Page 3 sho

forwarded h

VS. A15ME(S)

SM 9/55



VS A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Onos CERTIFICATE OF DEATH

00036

		UUL						Ked. DIS	i, Ito,	
1. PLACE OF DEATH					USUAL RESIDENCE (W	Vhere decease	d lived. If instituti		e before ad	lmission}
	TEGALLY		MARYLA	IND	MARYT	CAND	b. COUNTT		GANY	
6 CITY OR TOWN (	f outside corporate limi	ls, write	c. LENGTH OF STAY IN	116	c CITY OR TOWN (IF	outside corpo	orote limits, write F	RURAL ond g	ve negresi	town)
RURAL and give ne	MRERLAND		24 hour	18 1	FROST	BURG				
	AL (If not in hospital, g	ive street			d. STREET ADDRESS				0	RESIDENCE N A FARM?
SAI	CRED HEART				LOCUS	STRE	ET		YES	5 NO 🗍
3. NAME OF DECEASED	Fir	sl	Middle		Lost	4. DATE	Mor	ith	Day	Year
(Type or print)	IRF	NE			HORTON	OF DEATH	1		29	1960
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	□ 8. €	ATE OF BIRTH		9. AGE (In years lost birthdoy)			NDER 24 HRS
H.LVMAH	WHITE	WIDOW	EDY DIVORCED		2-6-1893		66 yrs.	Manths	Days   Ho	urs Min
10a USUAL OCCUPATIO	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE (Slot	e or foreign o	country)	12.CITIZ	EN OF WH	AT COUNTRY?
House V	king life, even if retired VOPK		Own Home		MAR	YLAND			U.S.4	A.
I3. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
ATJ	FRED THOMAS	(D	}		REBEC	CA ?THO	OMAS (D)			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	INFO	RMANT		Add	iress		
(red not or anthomis	(ii yes, give wor or doles or s	se vice;			PT'S CHA	RT				
PART 1 DEA  33/X  Conditions, if o gave rise ta i- couse (a), stoting	TH WAS CAUSED BY- IMMEDIATE CAUSE (o  DUE TO  ny, which (b) mmediate (DUE TO	)	ne for (o), (b), and (c) ]	- L	lemonh	dg l	mental de la constante de la c		INTERVA ONSET A	L BETWEEN
CATIC	HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH	DITIONS (	CONTRIBUTING TO DEATH					VEN IN PART	PE	AS AUTOPSY ERFORMED?
	MEDICAL EXAMINER) Y Month, Day, Ye	20d. I While at wor	Not while		OF INJURY (Hame, for , street, affice bldg., et		y or town}	{Ce	ounty)	(State
21. I certify that I attended the deceased from								nd an the	date sta	
PHYSICIAN'S NAME (Type)	LEO H. LEY	M.D	),		456 N.C					
720. BURIAL, CREMATIO REMOVAL (Specify)		F	22c. NAME OF CEMETE	ERY OR CI	REMATORY	22d LOCA	TION (City town,	or county)		(Stote)
Burial	2-1-19	60 H	Frostbur	g Me	morial Pl		stburg	OTD 4 DIG C10	MATURE	Md.
23 FUNERAL DIRECTOR	ENGNATURE LE L'E	<i>i</i> .	Fros	thur	DE TANKE	C'D BY REGIS	TRAR 245. REG	ISTRAR'S SIG	NATURE	
- Jearl ()	Y. Watt	-20-6,1	4		DATE	EB 4 '6	30 0	71 9	4	



within 72 hours

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 በበደበ CENTIFICATE OF DEATH

00037

			000	CERTIF	ICATE O	r DEAT	П	Reg.	Dist. No.	
1.	PLACE OF DEATH				2 USUAL g. STAT		Vhere deceased lived		lence before a	dmiss an)
		llegany		MARYL	ND d. SIA	Marv.		L COUNTY A1	legan	V
Г	b. CITY OR TOWN (If RURAL and give nec	autside carporate lim	its, write	E. LENGTH OF STAY IN	1 1b c. CITY	OR TOWN (IF	cutside carporate lin			
		tburg		10 yrs.	22	Frost	tburg,			
	d. NAME OF HOSPITA OR INSTITUTION		give street		d STR	EET ADDRESS			a. 19	RESIDENCE
		Beall Str	eet		r r	50 Be	eall Str	eet -		S NO
3.	NAME OF	Fic		Middle		Last	4. DATE	Manth	Day	Year
	DECEASED (Type or print)	Cha	rlot	te M.	Je	ffries	DEATH Ja	nuarv	19th	. 19 60
\$.	SEX	6. COLOR OR RACE	7. MARE	NEVER MARRIED			9 AG	E (in years IF UND	ER I YEAR IF L	JNDER 24 HR
	Female	White	WIDOWI	ED DIVORCED	□ April	. lst.	1890	69 yrs Manths	s Days Ho	aurs Min.
100	USUAL OCCUPATION	N (Give kind of work	dane 10b	KIND OF BUSINESS OR					ITIZEN OF WH	
R	etired Ni	ng life even if retired LPSE	"   N	Nursing	N	lova S	cotia		U.S.	A .
13.	FATHER'S NAME				14. MOT	HER'S MAIDEN	NAME			
	Donald	MacAulay	7		Ma	rgare	t Fraser			
	WAS DECEASED EVER	IN U S ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFORMANT				0017 0	4
	a. IIO, OT GERMANNI (I	f yes, give war or dates of s	5	16-10-7815	Frank	Jefff	ies, Fr	ostburg,	Md.	rree r
Г	18. CAUSE OF DEAT	TH [Enter anly one co	ouse per lu	ne far (a), (b), and (c).]					INTERV.	AL BETWEEN
	PART I. DEAT	H WAS CAUSED BY IMMEDIATE CAUSE (d	(KL)	terorue	blockyt cer	· kit.	-		ONSET A	AND DEATH
	420.1	DUE TO		4	1	2		r		
	Canditions, if an	y, which ) a	(0)	Tokal	The man	Perl	Buface?	45.	1 1 3	Luciana Co
	gave rise to im cause (a), stating t		)		1		1			- 1
	lying cause last.	le strong	:)		4		1			
Z	PART 11. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	H BUT NOT RELAT	ED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN P	ART 1(a) 19 V	VAS AUTOPSY ERFORMED?
CATION										S NO
TIFF	20g. ACCIDENT WAS	UNDERLYING	20b. DES	CRIBE HOW INJURY OC	URRED, (Enter na	ture of injury i	n Part I ar Part II of	item 18.)	•	
CERT.	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		SE-						
CAL		Manth, Day Ye			Oe. PLACE OF INJ	URY (Hame for	rm, 20f (City ar tax	wn)	(County)	(State
MED	Haur q. m.	19	While at wor	k at work	lociory, sireer,	January Control		. ~~		
	21. I certify the	at I attended the	deceas	ed from TUA	15 . 19	57 to	THOULY,	. 19 6 dthat [	last saw th	ie decease
				O, and that a		/				
	(	7/1/					ADDRESS (Street, c		110 0010 311	DATE SIGNE
	ACTUAL SIGNATURE	Tim Her	1. 1.	Starte.	CLYMID.	48	Broadwa	0		
								•		
	PHYSICIAN'S M	artin M.	Rot	hstein, M.	יוַ עַ	Fro	stburg,	Md.		
22	BURIAL, CREMATION			22c. NAME OF CEMET				City, tawn, ar caunty	y)	(State)
	BuriaT (Specify)	1-22-6	0	F'bg.Mer	norial 1	Park	Frost	burg,		Md.
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a, RE	C'D BY REGISTRAR		SIGNATURE	

DATE JAN 2 2 '60

arthur S. Kraug

Joseph R. Durst, Frostburg, Md.

may be retained by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fittled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave corbon popers. Pages 1 and 2 should be fitted with TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau TO HOSPITAL

the registrar prior to burial, cremotian, ar removal, and in any event

VS A15 (4) 1SM 9/S8



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may be retained by the property funeral Director:

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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VS A1S (4) 15M 9/5B

الا	0082	CERTIFICA	ATE OF DEATH	ĺ	() () ( '4() Reg. Dist. No.
	o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (When o. STATE Maryla	L COUNTY	n: Residence before admiss on) Allegany
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate limits, write RL	IRAL and give nearest town)
ŀ	Frostburg	69 yrs.	d. STREET ADDRESS	g	e. IS RESIDENCE
1	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION  Own home	20016331		~ C+	ON A FARM? YES NO X
ı	3. NAME OF First	Middle	31 Linde	4. DATE Mont	
	(Type or print) Peter	T.	Kenney	OF DEATH 1	23 19 60.
ı	5. SEX 6. COLOR OR RACE 7 MARR	IED ANEVER MARRIED	B. DATE OF BIRTH	last birthday)	Months Days Hours Min
	woodw W M		10-24-1875	84 ym.	
	10b. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		7.77		12. CITIZEN OF WHAT COUNTRY?
l	Retired City Employee	Water Supt.	Westernpo		U.D.M.
	James Patrick Kenney		Catherine		
ł	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT	Addre	#55
ı	(Yes, no, or unknown) (If yes give wor or dates of service)		bert J. Ken		ain, Frostburg, M
1	[18. CAUSE OF DEATH [Enter only one couse per lig				INTERVAL BETWEEN
1	PART I DEATH WAS CAUSED BY:	tostates	( las amon	a Parain	ONSET AND DEATH
	5 / X DUE TO	N.	_www.	1	
1	Conditions, if ony, which )	acrens	ma St	omark	,
	gove rise to immediate DUE TO	00 10	7,7	- 12/0-0.0	*
	lying couse lost. (c)				
	PART II OTHER SIGNIFICANT CONDITIONS CONDITI	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	- 1	TRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Part II af item 18.)	•
	Hour a.m. While		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		(County) (State)
	21. I certify that I attended the deceas	ed from - an 4	1960, to 9	an 23, 180	that I last saw the deceased
	alive an Jane 16 , 194	Of and that death	accurred at//it/	M, fram the causes and	d an the date stated above.
	ACTUAL (1) 9m(	Pune		ADDRESS (Street, City or town, :	1-25-60
	PHYSICIAN'S NAME (Type)	Lane M.	0	md /	
	220. BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, fown, o	r county) (Stole)
	Burial 1-27-60	St. Michael:		Frostburg	Lid.
	Bull H. Montesaut 23 E.	Function Home	ourg, Md DATE	EL O a san	TRAR'S SIGNATURE
1				*	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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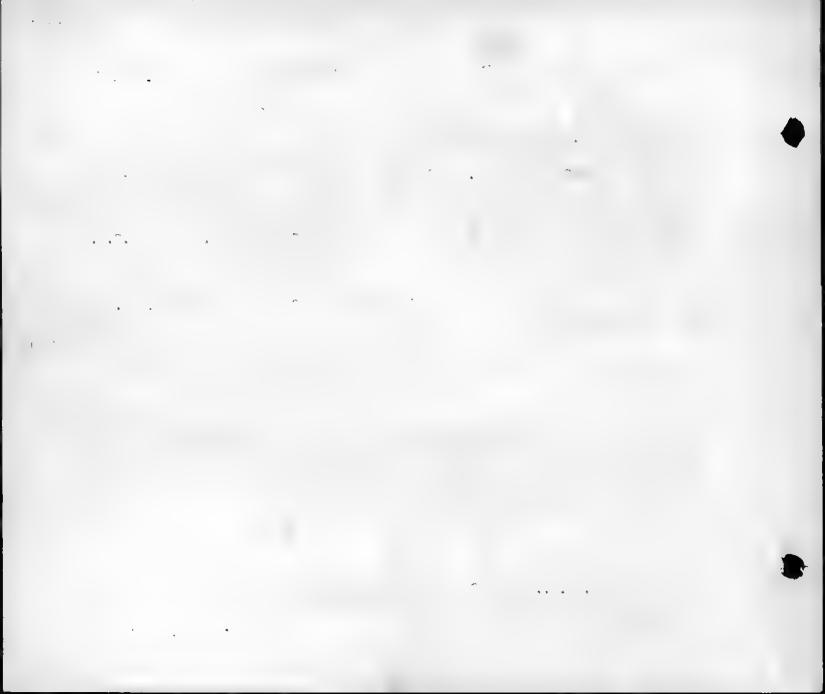
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TO HOSPITAL

VR A15 (4) 1SM 9/S9

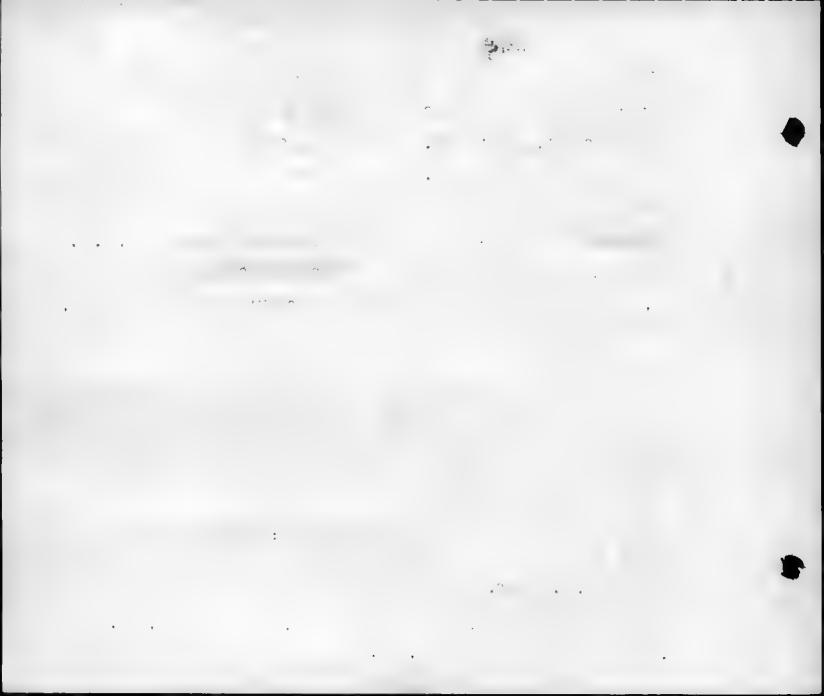
	PLACE OF DEATH a. COUNTY	ALLEGANY	,	MAR	YLAND	2 USUAL RESIDENCE O STATE MARYLA	(Where decease	b. COUN		ce before a	odmission)
	b. CITY OR TOWN { RURAL and give n	If outside corpore	te limits, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	(If outside corpo	prote limits, write	RURAL and	give neares	t town)
		RLAND		20DAYS		GR	ANTSVIL	l E	1/>	( ')	
	MENOR AL	TAL (If not in hos) . AVE. ME	MORIAL I	HOSPITAL		d. STREET ADDRES					S RESIDENCE ON A FARM? ES NO IX
	NAME OF		First	Middl	e	Last	4. DATE	M	onth	Day	Yeor
	DECEASED (Type or print)	MISS	MARY	E. KINSIN	GER		OF DEATH	JAN	24.19		19
S.	SEX	6. COLOR OR	RACE 7. MARR	IED NEVER MARK	HED K	DATE OF BIRTH		9. AGE (In yea			UNDER 24 HRS
	FEMALE	WHITE	WIDOWE	D DIVORC	ED 🔲	1/11/05	•	last birthday		Doys H	ours Min
100		ON (Give kind of	work done 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE (S	tote or foreign (	country)	12. CIT	IZEN OF WI	HAT COUNTRY?
	DOMES		retiredj	HOUSE	WORK	GRANSS	SVILLE.	MD.	U.	S.A.	
13.	FATHER'S NAME		-	1.1-0.51=		14 MOTHER'S MAIDE	EN NAME				
	JOEL KINS	INGER				LINNIE	CUSTER	?			
	WAS DECEASED EVI			SOCIAL SECURITY N	0. 17. INF	ORMANT		A	ddress		
(74	n. no, or unknown)	(If yes, give war or d	ates of service)	18-30-23	4 LMEI	MORIAL HOSE	PITAL, (	UMBERLA	ND, MD	•	
				(o), (b), and (c	ソフ			1			AL BETWEEN
	PART I DE	ATH WAS CAUSEI IMMEDIATE CA		Oband,	neus	nonia	Soug	mell	12150	=	3. Carl
	400.0	D	UE TO			- 7	V	4			
	Conditions, if a		(b) (t	recio	ACLE	22/10	van	retor	Liv.		
	gove rise to i		UE TO								
	lying couse last.		(c)								
Z O	PART II OT	HER SIGNIFICAN	CONDITIONS C	ONTRIBLTING TO D	EATH BUT N	OT RELATED TO THE TI	ERMINAL DISEAS	SE CONDITION C	VEN IN PAI	T 1(a) 19. \	WAS AUTOPSY
ZE S	attac	las of	Joter	un boll	awar	a their	OIXDA	20/19	43		PERFORMED?
T.F.	200 ACC DENT W	AS UNDERLYING	20b. DESC			(Enter nature of injur)	y in Part or Va	rt II of item 18.)			
CERT.	OR CONTRIBUTING	MEDICAL EXAM	NER)	0 -		0 0					
Z	20c. TIME OF INJUI	RY Month, Do	y, Yeor 20d. It	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home,	form, 20f. (Cit	y or town)		County)	(State)
MEDIC	Hour o.m.		19 While	Not while	facto	ry, street, office bldg.,	elc.)		,	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
>	p. m.			<del></del>		11-15.16	1	1 59	7	/ ~:	
			pital) attend	ed the deceased		L.L	140P ta-		1		(1) ( <del>we) last</del>
	saw the decea 220. S GNATURE	sed alive an	1. 1. 7	19_64 and	d that de	ath accurred at \$	M, fram	the causes of	and an th	e date st	
	220. 3 GIVATORE	20	7-7/	11 :		ATTENDING /	MED	STAFF			22b DATE S GNED
ŀ	22¢ PHYSICIAN'S	1/01	100	ucris	M	D PHYS. []	DIRECTOR	PHYS L			1-75-6
	NAME (Type)	DR. W.	E.WILLIA	MS		Pum	bere	reed, )	nd	me	<u>L</u>
230	BUR AL CREMATIC		HEREOF	23c NAME OF CEA	METERY OR	CREMATORY	23d LOCA	TION (City, town	, oc county)	0	(State)
	BURLAG	1/2	7/60	GRAN	7501L	-LE (	GRANTS	SUILLE	ARRI	-77 Co	MA
24/	FUNERAL DIRECTOR	S SIGNATURE	/ (	ADDRESS	111	250. 1	REC'D BY REGIS	TRAR 25b. RE	GISTRAR'S SI	GNATURE	
1 2	ton is	-) lew	nan 1	troubus.	I'lle	AVA DATE	R 1 160	1	1 0 1		



Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

4 35	/ ` \ \					CERTIF	ICAIE	OF DEATH				
I director, filed with		1.	ALLEGANY			MARY		USUAL RESIDENCE (W	here deceose	b. COUNTY	n: Residence bef	are admission)
sath eral be f			CITY OR TOWN RURAL and give	(If autside carporate lin	nils, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside corpa	rate limits, write RU	RAL and give n	earest lawn)
the fune			CUMBERLA	5 too		6 DAYS		CUMBERLAND	V hydr			
sh es	060		OR INSTITUTION	ITAL (If not in haspital,	give street as	idress)		d. STREET ADDRESS	1			e. IS RESIDENCE ON A FARM?
in by ond 2	01.717		MEMORIAL.	HOSPITAL,	MEMOR I	AL AVE.		615 YALE S	TREET			YES NOTE
d in		3.	NAME OF DECEASED	F	irst	Middle		Last	4. DATE	Mont	n 0	lay Yeor
÷ 6 = 5			(Type or print)	PETE	R	Mati	thew	KLAVUHN	DEATH	JANUA	RY I	7 19 60
rithin Page	5	S. :		6. COLOR OR RACE	7. MARRIE	D X NEVER MARRI	ED B D	ATE OF BIRTH		9 AGE (In years lost birthday)	Months Doys	R IF UNDER 24 HRS Hours Min.
ed v	ב		MALE	WHITE	WIDOWED			AY 16, 188		74 yrs		
Com	2	l _	during mast of wa	ON (Give kind of world	ed)		R INDUSTRY	11. BIRTHPLACE (State	e or foreign c	ountry)	12. CITIZEN C	OF WHAT COUNTRY?
and and bon p	2		letired.	Bee Keepe	er A	piary				MARYLAND	U. S	. A.
		13.	FATHER'S NAME				1.	. MOTHER'S MAIDEN				
rtificate L physician smave cor	1			EDERICK KLA				X	na, Mo	rtzfeldi		
			, no or unknown	ER IN U. S. ARMED FC [ (If yes, give wor or dates of						Addre		
0 0			No.			None	MEM	ORIAL HOSP	ITAL	CUMBERLAN	MARY!	LAND.
death tendir	5			ATH [Enter only one		far (a), (b), and (c).	]					TERVAL BETWEEN USET AND DEATH
he di	=			ATH WAS CAUSED BY IMMEDIATE CAUSE	(0)	orona	-	occurs	non			20hor
中 书书			420.0	DUE T	0		X	4				2
a de	Ž		Conditions, if		(b)	grand	Je J	arter	word.	won		
gne			couse (o), statin	g the under- DUE T	0 /	1.		1/2	7	/		
red ian. in si nsit	- 5	_	lying cause los		(c)	-011-x	chry	he for	and c	Mrs. Land		
law bee	1	CATION	PART II Q	THER SIGNIFICANT CO	NDITUONS <u>CC</u>	INTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	AINAL DISEAS	E COND TION GIVE	N IN PART T(o)	19. WAS AUTOPSY PERFORMED?
The plant has hos noticed	¥		00 1000000		Too proce	une contraction of	20110150 15			. H. 7.7. 16.)		YES NO
IAN: rending ficate the bu	5	L CERTIF	OR CONTRIBUTION	AS UNDERLYING A GAUSE OF DEATH Y MEDICAL EXAMINER	20b. DESCR	KIRE HOW INJURY O	CCUKKED (E	nter nature of injury in	Part I of Par	T II or (fem 18.)		
r of cert	3	CAL	20c TIME OF INJU	JRY Month, Doy Y		URY OCCURRED	20e PLACE	OF INJURY (Hame, far, street, affice bldg., et	m, 20f. (City	r ar town)	(Caunty	(Stote)
<b>王</b> 음설 등 등 등	2	MED	p. m	. 19	While of work	Not while of work	1,000,7					
NG ispit ter d fo	5		21. I certify th	at (I) (this haspite	al) attende	d the deceased	fram. Z	141 1	260. ta	1117	196 0 1	that (I) (we) last
Not a house			saw the dece	ased alive on $\mathcal{L}_{-}$	11.7.	19 💆 🖟 and	that deat	h accurred at 1.1.	NS FIRM	the causes and		
deto	<u> </u>		220 SIGNATURE		/		/					226 DATE
DIRECT Id be o	5		100	me M	$\Delta\Delta$	non	M.D	PHYS.	AED PIRECTOR [	STAFF PHYS	/	1/19/60
	/		22c PHYS CIAN'S NAME (Type)	DR. G. SI	MONS.			22d ADDRESS	~	Hotel	Cynt	word me
HOSPITAL TOY be reto FUNERAL TOPE 3 should be	2	230		ON, 236 DATE THERE	FOF	23c NAME OF CEM	ETERY OR CE	EMATORY /	27d LOCA	TION (City, tawn, o	r county)	(Stote)
	<u>u</u>		BUTIAL	" 1/20/6	0	Crinity	Luthe	ran Cem.		nberland		
5 5 5 ==	-	24	FUNERAL DIRECTO			ADDRESS	187 -1		D BY REGIS		TRAR'S SIGNAT	
VR A1S (4) 1SM II/59	484.5		H. Way	ne George	Cum	berland,	Md.	DATE	IAN 21'	60 a	thur I. th	may4



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CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY p. STATE **ALLEGANY** 6 COUNTY MARYLAND ALLEGANY MARYLAND CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) HOURS **CUMBERLAND** CUMBERLAND OR NSTITUTION MEMORITAL HOSPITALS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 816 MEMORIAL AVENUE WARWICK & MEMORIAL AVENUES YES NO X NAME OF DATE First Middle Last Month Year DECEASED JANUARY 60. **KUHN** (Type or print) HENRY DEATH 19 S. SEX 6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED TH 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 10xLbirthdoy) Months. Days Hours SEPTEMBER MALE WHITE DIVORCED [ WIDOWED yrs 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if returned) U. S.A. CUMBERLAND. MD. 3 FATHER'S NAME 14. MOTHER'S MAIDEN NAME JESSIE TRIMBLE HENRY KUHN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address MEMORIAL HOSPITAL - CUMBERLAND. MD. INTERVAL BETWEEN CAUSE OF DEATH | Enter only one couse per line for (b) ond (c). ONSEL, AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO Conditions, if ony, which tbl gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part I) of item 16.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY 20e. PLACE OF INJURY (Home form, 20f (City or town) (County) Month. Doy, Year 20d. INJURY OCCURRED (Slote) foctory, street, office bldg., etc.) Hour o.m. While Not while 19 of work ol work p. m. 21 I certify that (I) (this haspital) attended the deceased from De.Tober 196 0 that (1) (we) last saw the deceased alive an and that death accurred all Another causes and an the date stated above 220 SIGNATURE 226 DATE SIGNED ATTENDING STAFF M.D. PHYS. DIRECTOR 22E PHYSICIAN'S 22d. ADDRESS

3 should be detached FUNERAL DIRECTOR: Board of page 3 sh the State (

'n

(Specify) Jan 60 24 FUNERAL DIRECTOR'S SIGNATURE

DATE THEREOF

NAME (Type

230 BURIAL CREMATION.

SIMONS 23c NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

23d. LOCATION (City, lown, or county)

Cumberland. Maryland 256 REGISTRAR'S SIGNATURE

**ADDRESS** 250 REC'D BY REGISTRAR 117 Frederick St. Cumb. MidwardAN 28'60

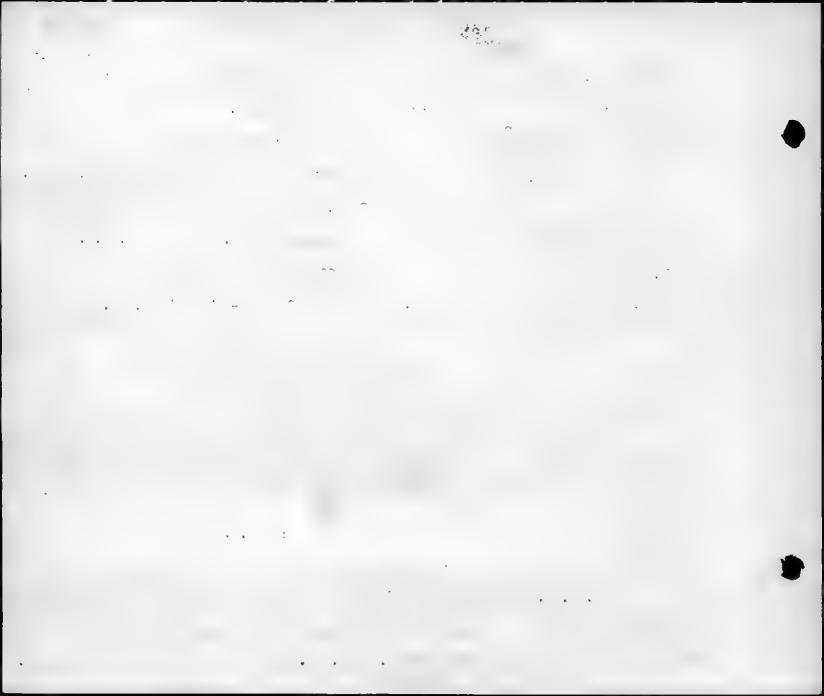
arthur S. Kraus

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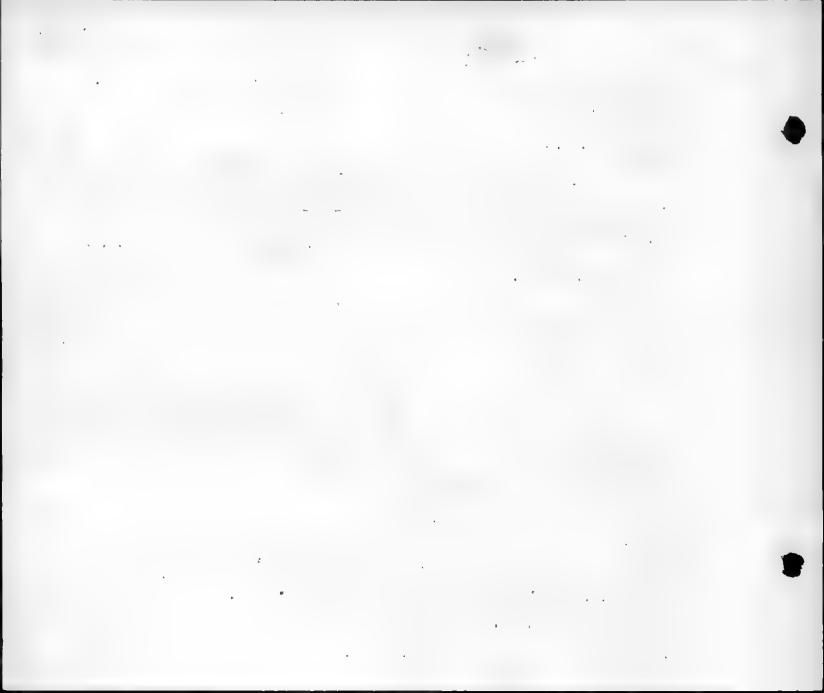


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TO HOSMITAL VS A1II (4) 1SM 9/5B MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1 tem 8 FilmG255 2-2-63 et
0029 CERTIFICATE OF DEATH

Reg. Dist. N. 0044

1.	PLACE OF DEATH o. COUNTY			,	MARYLAND	2. USUAL RE o. STATE		}	b. CO		esidence befor	e admiss	ion)
$\vdash$	b. CITY OR TOWN IS	outside corporate limi	ls, write	c LENGTH OF	STAY IN 1h	c CITY O		ERIAN			ATTEGAL ond give ned		1)
	RURAL and give ne	orest town)		62 Yea		02			_	THO NOTH	. 4110 9110 1100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
┝		REPT.A.M.) AL (If not in hospital, g	ive street o		11.2	100	ADDRESS	ERLAN	D .		1	e. IS RES	IDENCE
	OR INSTITUTION	The first term of the first te				1	7,00 KC33					ON A	FARM?
-		RED HEART					309	POLK.	ST				NO X
3.	NAME OF DECEASED	Fîn	st	N	Aiddle	L	ast	4. DATE OF		Month	Da		reor
-	(Type or print)	RAYMOND	7	BEAL		KUHN		DEATH		3	NDER I YEAR		80
3		6 COLOR OR RACE		ED NEVER M	_	B DATE OF BIE	(1)H		9 AGE (In lost birth	doy) Mor	nths Doys	Hours	Min,
10	MALE	WHITE	WIDOWE		ORCED 🗌	1-/1	3-/99//1	1898	(62)62				
10	during most of work	N (Give kind of work o	done 10b. i			STRY 111, BIRTH	PLÁCE (Stóte	or foreign o	country)	1	2. CITIZEN OF	WHATC	OUNTRY?
	Repai	rman		Electr	rical	MARY					U.S.A		
13.	FATHER'S NAME					14. MOTHER	'S MAIDEN N	IAME					
	SPENCE	R C. EKUHNS	1			TH	EADIST	A BEA	LL				
	WAS DECEASED EVER	IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURIT	Y NO.	NFORMANT				Address			
	No	yes, give war or oches or si	70	05-05-3	3962	PTIS	CHART						
	18. CAUSE OF DEA	TH [Enter only one co	use per <u>li</u> ne	e for (o), (b), on	d (c).]	_ /						RVAL BE	
	PART I, DEAT	TH WAS CAUSED BY:	(')	orm	7~~~	War	Por	42			I C	ET AND	DEATH
	Hide U. 1	DUE TO			-/-						-	6	
	Conditions, if on	biah Y			U								
	gove rise to in	nmediate (	]										
	couse (a), stating to lying couse lost.	he under-											
Z.		J (c ER SIGNIFICANT CON		ONTRIBUTING T	O DEATH RUI	NOT PELATED	TO THE TERMI	NAI DISEAS	SE COMPITIO	NI CIVENI II	M PART 1/o) 1	0 WAS	AL TOPSY
NTI OIT	1281 0111	EK SIOITII CATTI COIT	DITTO 143 CT	DITTRIBUTION I	ODEANIBO	1401 KEDATED	IO THE LEWISH	INAL DISLA	SC CONDINO	OIVEIV II	4 ( 76)	PERFO	RMED?
F	20a ACCIDENT WA	S LINIDERLYING TO	20h Desc	RIBE HOW INJU	IDV OCCURRE	D. /Enter notice	at laines la 6	Part Lar Pa	et II of item 1	9.1		TES L	№ □
L CERTIFICATION	OR CONTRIBUTING	☐ CAUSE OF DEATH	200, DEGC	KIBE HOW INTO	IKT OCCORRE	D (Enter notice	of injury in t	-01110110	it ti bi ilelli t	o.,			
MEDICAL	20c. TIME OF INJURY	Month, Doy, Yes		JURY OCCURRE		ACE OF INJURY			y or lown)		(County)		(Stote)
MED	Hour o.m.	19	While at work	Not while at work	ם כ	wery, sincer, en	recology, are.	1					
	21. I certify/the	at I attended the	decense	d from	mm,	105	9 10 E	2	2- 10	6 1201	l last saw	the d	ecented
	alive on_	1 )	10 6	0 //	that death	accurred a	0	1		_			
	dive on		) /	, una	indi dedin	deconed		ADDRESS/S	<b>~</b>	is and al Jawn, stote	n the date	STOTEO	E SIGNED
	ACTUAL	n 9 1	>//	2/1/0	,	16.2	Paren		when	21/	21	36	-//
1	SIGNATURE	J-17-4	400		<u> </u>	M.D ES	760000	11		, ,	11	<u>U</u>	1-60
	PHYSICIAN'S NAME (Type)	M. SCH TM	OLER			],3	GREEN	E ST.			/	L	
22	BUR AL, CREMATION			22c NAME OF	CEMETERY	R CREMATORY			TION (City, I	CWB Of CO	untyl	(Stot	e)
	REMOVAL (Specify)	Jan 25	1960			rial Pa	irk	1	berla		Md		-1
23	FUNERAL DIRECTOR'S			ADDRESS			24a. REC'I	D BY REGIS	TRAR 24b	REGISTRAI	R'S SIGNATUI	RE	
	Byron K	ight	Cı	ımberla	and,	Md.	DAJAN	2 7 '60	C	brillian 2	8 Kraus		
$\vdash$							D.M.						



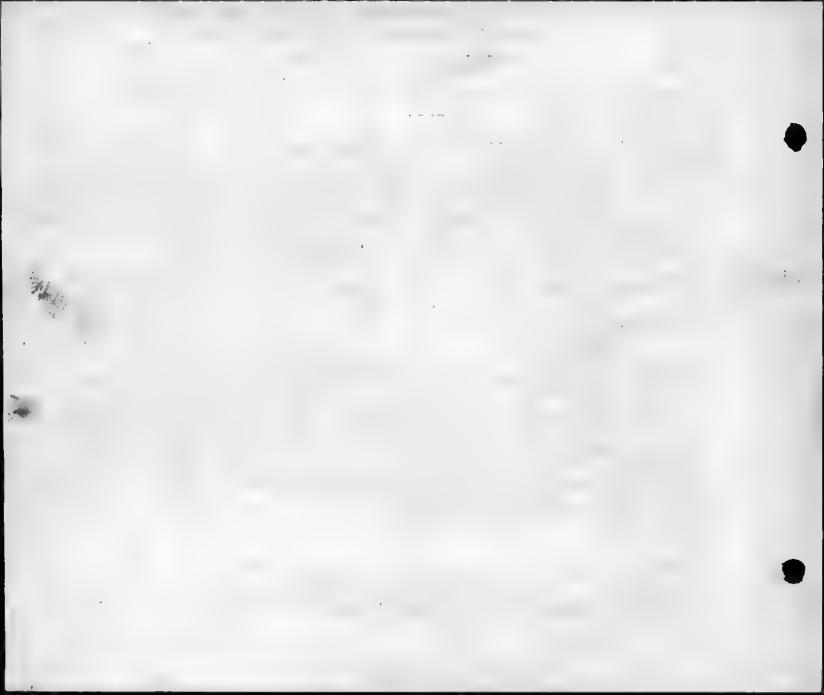
# Ø HOY Pages Poge 40 Give PM3 60 form 5 used

to the Chief Medic DIRECTOR: Poge forwarded to 10

VS. A15ME(S) SM 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Marvland Alleganv Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Barton Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS. e. IS RES DENCE ON A FARM? Memorial Hospital -- DOA YES NO 1 3. NAME OF Middle 4. DATE test Month Year Day DECEASED {Type or print) DEATH Redesic! AMBERSON 30 19 60 January S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED TO B. DATE OF BIRTH 9. AGE |in years IF UNDER TYEAR IF UNDER 24 HRS. fast birthday) Months Davi Hours Min. White WIDOWED | DIVORCED | Male 30 yrs. 10g. USUAL OCCUPATION (Give kind of work dame 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) BARTON USA Sterling Elec Electrical 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME I hecs on OUISE 17. MITOMANT amher con 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give wer or dates of service WWII VAC 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Occlusion with thrombosils 30 Min. Coronary IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Coronary sclerosis gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? None YES T NO [ 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slate) factory, street, office blog., etc.) While 0. m Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy 🕏 Inspection V. Inquiry N. and find that death resulted fram: Natural causes VI. Accident , Suicide . DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic. M.D. 1960 DEPUTY MEDICAL EXAMINER January NAME (Type) 22a. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) -REMOVAL (Specify) **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE common S. Frank



TO HOSPITAL

VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 0037

)	T. PLACE OF DEATH O. COUNTY ALLEGANY	0001	MARYLAND	AND  2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) a. STATE  MARYLAND  B COUNTY  ALLEGANY							
	b. CITY OR TOWN (If outside corporo RURAL and other agress fown)		I3 DAYS		Fourside corporate limits	, write RURAL and gr	ve nearest town)				
^	d NAME OF HOSPITAL (If not in hosp OR INSTITUTION MEMORIAL HOSP			d. STREET ADDRESS	INE STREET		IS RESIDENCE     ON A FARM?     YES    NO				
	3. NAME OF DECEASED (Type or print)	First JOHN	Middle <b>W</b>	LANTZ Lost	4 DATE OF DEATH	Manth JA NUARY	30 19 60				
	MALE 6. COLOR OR WHITE	RACE 7. MARRIED WIDOWED X	DIVORCED _	8. DATE OF BIRTH  MARCH 28	9 AGE ( lost bi	rthdoy) Months [	YEAR IF UNDER 24 HRS Doys Hours Min				
	10g. USUAL OCCUPATION (Give kind of during ET IRED ing life, even if i	work done 10b. KIND O etired)	OF BUSINESS OR INDU	PENNSY	LVANIA		S.A.				
	13. FATHER'S NAME	LAN	tiz	RACHEL W	I NAME I I NKTROUP						
	15. WAS DECEASED EVER IN U.S. ARMEI (Yes, no of unknown) (If yes, give war or do		SECURITY NO 17 11	MEMORIAL HO	WARWICK SPITAL - CU	& WEMORIAI	L AVENUE MARYLAND				
n	Conditions, if ony, which )	USE (a) Quille TO  (b) Quille TO  (c) Segme  (c) Segme  (c) CONDITIONS CONTRIB  (c) CONDITIONS CONTRIB  (d) CONDITIONS CONTRIB  (e) CONDITIONS CONTRIB  (e) CONDITIONS CONTRIB  (f) CONDITIONS CONTRIB  (g) CONDITIONS CONTRIB	E Reference  Reference	NOT RELATED TO THE TER  Continue of injury in the colory, street, office bidg., e	m Port I or Port II of ster	710N G VEN IN PART 7 18 ) (Co	NTERVAL BETWEEN ONSET AND DEATH  2  4  Coupe  1(o) 19 WAS AUTOPSY PERFORMED? YES NO S  Ounty) (Stote				
/	220 SIGNATURE Thomas 7.	Jewis HOMAS LEWIS	NAME OF CEMETERY C	M.D. ATTENDING X PHYS  22d. ADDRESS  / Letel a	MED. STAFF DIRECTOR   STAFF PHYS.	Cumberl	1/31/60 1/31/60 (Stote) 1				
F.	24 FUNERAL DIRECTOR'S GIGNATURE	-West	DDRESS /	250. RE 21, 711 DATE	C'D BY REGISTRAR 2 FEB 3 '60	56 REG STRAR'S SIG					

6 y 4

Arteriosclerotic Heart Disease PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY

vears PERFORMED? YES NO S

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.)

20d. INJURY OCCURRED

20e PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.)

(County) (Stote)

21. I certify that I attended the deceased fram November 30, 160, to January 23, 160, that I last saw the deceased \_\_\_\_, and that death accurred at 1:522M, from the causes and an the date stated above. 1960

1/25/60

Day, Year

While

ADDRESS (Street, city or town, state) Algonquin Hotel

DATE SIGNED

PHYSICIAN'S Wyand F. Doerner Jr., M.D. 22a. BURIAL, CREMAT ON, 22b. DATE THEREOF

20c. TIME OF INJURY Month,

p. m

Hour a.m.

22c. NAME OF CEMETERY OR CREMATORY

Cumberland. 22d LOCATION [City, town, or county)

REMOVAL (Specify)
Burial 23. FUNERAL DIRECTOR'S SIGNATURE John J. Hafer, Cumberland, Md.

ACTUAL

SIGNATURE

Hillcrest Burial Park

Not while at work at wark

Cumberland, Maryland 24g. REC'D BY REGISTRAR 25 '60 CATHUM 2, THANK

gud physician car remave attending please signed burnal-transit altending certificate nay be retained by the P FUNERAL DIRECTOR: A page 3 shauld be detach prior 2

il director, Fired With

e P

funeral

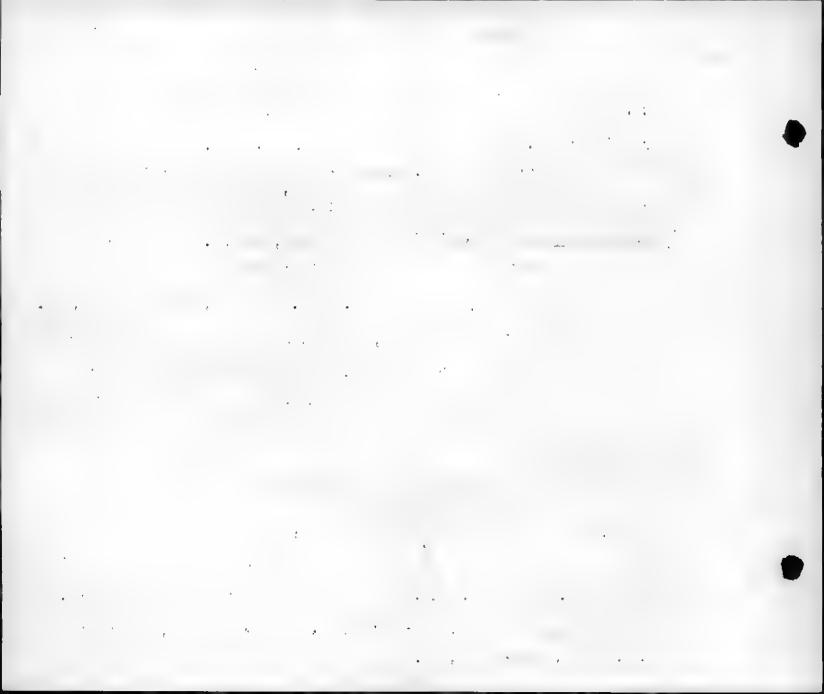
the fun

by 1

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Filled

VS A15 (4) 15M 9/58



event, will

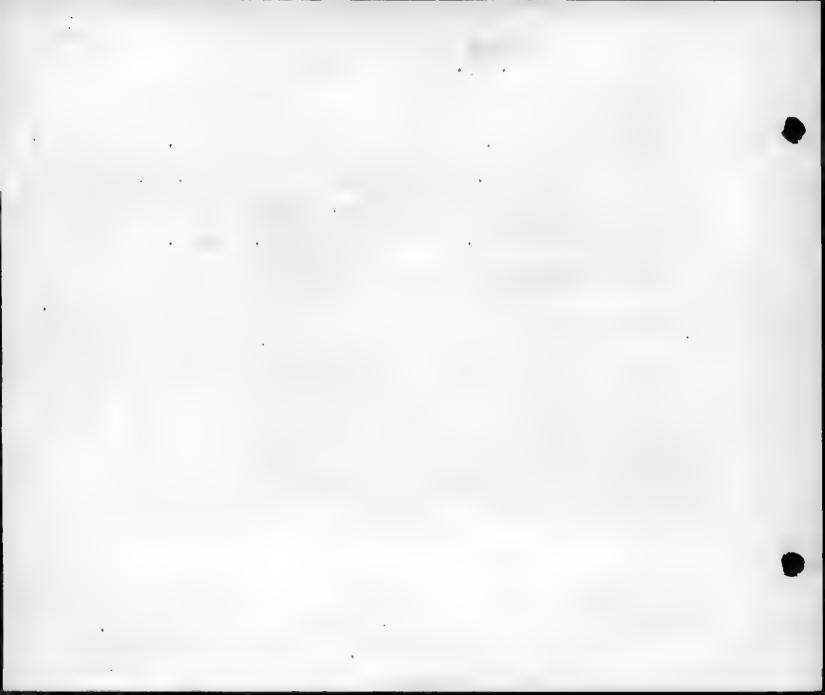
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

TO HOSPITAL

VR ATS [4] 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		7+1-6								
1 PLACE OF DEATH a. COUNTY				o. STATE	ENCE (Wh	ere deceased l	lived. If institution	on: Residence be	fore admir	ssion)
	egany		RYLAND		aryl			Alle		
b. CITY OR TOWN ( RURAL and give n	(If outside corporate limits, wri rearest town)	e c. LENGTH OF STA	Y IN 1b	c. CITY OR T	OWN (IF o	utside corporo	te limits, write R	URAL and give	nearest tow	rn)
Cumber]		50 yea	ars -	/~ Cu	mber	land				
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give str	eet address)		d STREET AT	DORESS					SIDENCE A FARM?
518	Princeton S	t.		5	18 P	rinct	on St.			NO
3. NAME OF DECEASED	First	Midd	le	Last		4. DATE OF	Mon	th	Day	Year
(Type or print)	ISON	C. LI	NAWEAV	V F.R		DEATH	Jan.	19.		19 60
\$ SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MAR	RIED   B	DATE OF BIRTH		9	AGE (In years	IF UNDER 1 YE	AR IF UNC	DER 24 HRS
Male	White wood	OWED DIVORG	ED   I	Dec. 1	0,18	79	80 yrs.	Months Day	rs Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work done rking life, even if retired)							12. CITIZEN	OF WHAT	COUNTRY
		D % O	ממ						_	
Carmar 13. FATHER'S NAME	T.	B. & O.		MOTE 14. MOTHER'S			W_Va.	US	)A	
	elius Linawe	OTLOW				vermi	11			
	ER IN U. S ARMED FORCES?	16. SOCIAL SECURITY N	O. 17. INFO		n no	ACT IIIT.	Add Add	rect.		
Yes, no, ar unknown}	(If yes, give wor or dates of service)				, .					
No		A329362		<u>ssie L</u>	ınaw	eaver	Cu	mberlar	1d 1	@d
	ATH [Enter only one cause po	er line for (a), (b) and (4	:).]			. 1	2		NTERVAL B INSET ANI	
PART I DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Mertin	une	- $        -$	(, ,	1Vis	ene		1-2:	200
443X	DUE TO	110		(,	7			1	6	
Conditions, if	any which )	2 Vones	1.0-	7				-	7	-11.
gave rise to	immediate (	10000	fur,		w	-		43		
couse (o), stoting			*							
lying cause last.	(0)									
PART II. OT	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO E	EATH BUT NO	OT RELATED TO	THETERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(d	19. WAS	ORMED?
ICAI									YES [	] NO [
OR CONTRIBUTING	AS UNDERLYING 206. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRED.	(Enter nature of	injury in I	Port I or Port I	I of item 18.)			
	RY Month, Day, Year 20	d INJURY OCCURRED		E OF INJURY (H			or town)	(Coun	ly)	(State
Hour a.m.		hile Not while	factor	ry, street, office	bldg., etc	.)				
₹ p. m	· · di	work of work	1			- d	10	10		
21. I certify the	at (I) (this haspital) att	ended the decease	d fram	~~~	12	5_7, ta,	~~~~ / Y	196 (	that (I)	(we) last
saw the decea	ised alive an	6 1960 an	d that dec	th occurred	at/0_1	M, from t	he courses ar	d an the do	ite state	d abave.
22o. SIGNATURE		11.							2	26 DATE SIGNED
1 03, V	n / Thema	uen	M t	D PHYS.		RECTOR	STAFF PHYS.			SIGNEL
22c PHYSICIAN'S	111			22d ADDRE	\$5					
NAME (Type)										
23g. BURIAL CREMATIO	ON. 23b DATE THEREOF	23c NAME OF CE	METERY OP O	REMATORY		23d LOCATH	ON (City, town,	or county)	/C+.	ate)
REMOVAL (Specify		Greenm			27.57		mberla		,	avej
24. FUNERAL DIRECTOR		ADDRESS	ourre (	O eme ce		1	T			
Byron I		Cumberla	nd. M	d -		N 25 6		STRAR'S SIGNA		
DATOIL I	7-0110	Compost to	A THE	~ 4	DATE					



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or removol. VS. A15ME(5) 5M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

L	Reg. Dist. No.										
	PLACE OF DEATH	433	U	133		2. USUAL RESIDENCE (V	Vhere deceased live	d. If institution:	Residence	before admission	n)
		Allegany		MARYLA	IND	o. STATE Mary]	land	b. COUNTY	All	egany	
	CITY OF TOWN (I	outside corporate firmits, write	PIOPAL	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF		Hath make PilP/			
	ond give necrest town	_	E HORM	55A // JAC	- 1	Cumberla	_	HIBHS, WITH KUN	re and gr	VO RECIENT TOWN	
			If not in he	ospital, give street address)	7./	Jd. STREET ADDRESS				e. IS RESID	ENCE
		al Hospita				231 Arch	Street			YES N	
	NAME OF	Fire	ıt	Middle		Lost	4. DATE	Month	ſ	Day Year	
	DECEASED (Type or print)	T.AT	TRA	ALICE		LYNCH	OF DEATH	Januar	TF 7	196	Ω
5.	SEX			HED NEVER MARRIED	7 8.	DATE OF BIRTH	19. AC	SE ( a veges   IE II	NDER TY		
F	emale	White	WIDOW		-1	b. 10,1868	leat 9		nths Da		
10c	USUAL OCCUPATIO	N Give kind of work	dane 10b.	KIND OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLACE (State	or fareign country	) [12	2. CITIZE	N OF WHAT COL	UNTRY?
H	during most af warkin Ousewife	g life, even if relired)	0	wn Home		Green Cou	ntv. en	nsvlvan	ia	USA	
<u> </u>	FATHER'S NAME					14. MOTHER'S MAIDEN N					
	Isaac	Grandon				Matilda	Jobe				
16		***************************************	BCESA IV	SOCIAL SECURITY NO.	19 151	FORMANT	DODE	4.14			
Co	r no. or unknown)	(If yes, give wer or dates of	retation)					Address	34.	2 - 1	
n	0			none	Mrs	. Earl Gau	ntz, cum	berland	, Ma	ryland	
	1	TH (Enter only one cau	se per line	e for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
	PART 1. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)		Chronic M	1yc	carditis					
	Widedi	DUE TO									
	Conditions, if a			Arteriosc	٠ ٦ ۵	rotic C V	Diseas	10			
	gave rise to immed	liate couse		232 001 2000	/ JL ~	10010 0 4	Drovar	, 0			
	(a), stating the s	ind arrying									
-		J (c)		ONTRIBUTING TO DEATH &	I I I I I I I	OT DELATED TO THE TERM	INIAL DICEAGE CON	DITION CIVEN II	1 04 07 3	(-) ID 21/45 A1/7	OBCV
ê			_		OI N	OF KECKIED TO THE TERMI	INVEDIZENZE CON	DITION OFFEN IF	N PAKE I	PERFORME	
3		acture of	$\overline{}$							YES NO	<u>○ [X]</u>
CERTIFICATION	20g. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.	SE WAS VIRIBUTING DE 20	_	BE HOW INJURY OCCURRE		ler nature of injury in Part	I f or Part II of iter	n 18.)			
	20c. TIME OF INJUS			Fell at hon injury occurred 200.		F OF MINION AL I	000 400 1-	-1	10		24 4 5
MEDICAL	Hour Hour		Whi	le Natwhile	facta	ry, street, office bldg., etc.	) Zur, (City or lo	NTI J	(Caunty	) (5	Stote)
¥	4.4()() p.m.			rork at work		Home		perland	, A]	lleg. M	d.
	21. I certify th	at I took charge	of the	remains described	abov	re, held an Autops:	y 🔲, 🛮 Inspec	tion 🔼 🛚 tr	quiry	X, and find	d that
ł	death resulted	from: Natural	causes ]	, Accident ,	Suic	ide 🔲, Homicide	, Undete	ermined cause	e 🔲.		
		, ~	. 11	7							
	ACTUAL	PALACIAT	16	Takolial		M.D. CHIEF MEDICAL EX	AMINER			DATE SIGN	ED
	SIGNATURE					_M.D. ASSISTANT MEDIC	AL EXAMINER T				
	EXAMINER'S NAME (Type) BO	nedict Sk	cita	relic. M.D.	,	DEPUTY MEDICAL		Sanuary	11.	1960	
220	- BURIAL, CREMATIO	N, 226. DATE THEREO		22c. NAME OF CEMETERS		REMATORY		(City, town, or cou		(Slate)	
	REMOVAL (Specify)	1/14/00		Done Hill	C		Cumb and	and Mar	m1 a	nd	
23.	Runial FUNERAL DIRECTOR	1/14/60 S SIGNATURE		ADDRESS	rei	24g. REC'I	D BY REGISTRAR	24b. REGISTRAR			
						Ja	N 1 4 '60	arthur			
	John J. H	afor Cum	parla	and Marylan	4	DATE			10, 10	tall	



VS A15 (4) 15M 9/58 H

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0101 CERTIFICATE OF DEATH

00050

Reg. Dist. No.

<u> —                                   </u>													
1	DIACE OF DEATH	llegany		MARYLAND	2.	o. STATE Md		re deceased	lived. If instituti b. COUNTY		nce befo		ion}
	b. CITY OR TOWN SURAL and give MCCOOLS	(If autside carporate lim nearest town)	its, write	c. LENGTH OF STAY IN 16	×	c. CITY OR TOWN		itside carpore	ate limits, write R	URAL ond	give ne	arest fawn	1)
	d NAME OF HOSE	Vest St.	give street	oddress)	1	51 Test		t.					DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	J <b>o</b> seph	rst	Middle Thomas	M	ackley		4. DATE OF DEATH	Jan. 2		Do		Year 19 60
	sex Male	6. color or race White	7 MARI WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED		NATE OF BIRTH Aug. 18.18	78	1	AGE (In years last birthday) yrs.	Months	R 1 YEAR Days	Hours	R 24 HRS Min.
10	during most of we Miner	ION (Give kind at work arking life, even if retired	done 10b.	kind of Business or Ind Joal Mine	USTRY	W. Va.		or fareign co	intry)		ILS.	F WHAT C	OUNTRY
13.	FATHER'S NAME				1	4. MOTHER'S MAI	DEN N	AME					
	Richa	rd Mackley				Emma Bu	rge	99					
15	WAS DECEASED E	ER IN U.S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT			Add	ress			
(A)	INO unknown)	[If yes, give war ar dates of s			irs	. Ernest	Kim	ble-Mo	Chole,	Md.		ERVAL BE	
MEDICAL CERTIFICATION	Conditions, if gave rise to cause (a), statin lying couse los PART II OR CONTRIBUTIN (IF EITHER, NOTII Hour o. mp. m	THER SIGNIFICANT CON  WAS UNDERLYING D  YAS UNDE	DIT ONS 200b. DES	k at wark	JT NO	OF INJURY (Hame, , street, office bldg	ery in P	20f (City	II af item 18.) ar town)	that I I	(Caunty)	w the d	(State
22	PHYSICIAN'S NAME (Type) BURIAL, CREMAT	ON, 22b. DATE THEREO	OF	22c NAME OF CEMETERY	OR C	REMATORY		22d. LOCATI	ON (City, tawn,	or county)		(Stot	'e]
	REMOVAL (Special	y) <b>2</b> /30/60		Thomas Cemet				(near	Elkgard	eh		W Tre	Le
23	FUNERAY DIRECTO	R'S SIGNATURE		ADDRESS Vesternport, Ma		24a DA1	JAI	Pay Reciti	7	STRAR'S &	IGNATU , / you	IRE	-



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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00051

Reg. Dist. No.

1.	G. COUNTY		00.	) <del>%</del>		2. USUAL RESIDEN	CE (Wh	are deceas	ed lived. If In b. COL		esidence t	before admis	tion)
L		llegany		MARYL	CMA	Mar	yla	nd			Alleg	zany	
	b. CITY OR TOWN (If a and give nearest town)	outside corporate limits, write	EURAL	c. LENGTH OF STAY IN	1 16	c. CITY OR TOW	/N (IF or	utride corp	oorate limits, w	rite RURAL	and give	nearest low	n}
	Cumberlan	d		DOA		× Barrel	vi1	le					
Г	d. NAME OF HOSPITA	L OR INSTITUTION (IF	nat in hosp	ital, give street address)		d. STREET ADDRE						e. IS RE	SIDENCE FARM?
Н	Sacred he	art Hospit	ta1			D+ 1	Bav	166	. Mt.	Savar	ma 1	Md YES	NO 🗔
3	NAME OF	First		Middle		Lost		DATE		enth	Da		or .
Г	(Type or print)					MARTIN		OF DEATH	Janua	_	.0,	•	60
-	. SEX	DUDLEY		FRANCIS  NEVER MARRIED					9. AGE (In year			R IF UNDE	
"				affe.	,				last birthday)	Mont			Min
	Male	WILLE	WIDOWED		- 146	v. 22, 1				/n.			
K	Oo, USUAL OCCUPATION during most of working	N (Give kind of work d)   life, even if setired)	one 10b. KI	ND OF BUSINESS OR IN	IDUSTR	Y 11. BIRTHPLACE (	State or	foreign o	ountry)	12	CITIZEN	OF WHAT	OUNTRY?
	Asst. Forer	nan	Kel	ly-Springf	iel	d Barre	lvi	lle.	Maryla	and	USA		
A	3. FATHER'S NAME		Tir			14, MOTHER'S MAID			m				
	Armand Mai	rtin			- 1	Nora	Dav:	i dsor	1		USA		
	S. WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. IN	FORMANT				XOU			
1		(If yes, give war or dates of se (VIV 11	1	-10-5020	M	Vera M						yland	
		H [Enter only one caus			A ILLA	Kera vi	ar.		"L. OUL	vage,		TERVAL BETWEE	И
П	PART I, DEATH	H WAS CAUSED BY:			0	7					OF	NSET AND DEAT	H
Н	420.1	MMEDIATE CAUSE (0)		Coronary	UCC	lusion					S	ludden	
Н		DUE TO		_									
П	Conditions, if any			Coronary	Scl	<u>erosis wi</u>	th t	hrom	bosis,	left			ete .
Н	(o), stating the ur												
Н	cause last.	(c)_											
ã	PART II, OTHE	ER SIGNIFICANT COND	ITIONS CON	NTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE 1	TERMINA	AL DISEASI	CONDITION	GIVEN IN	PART 1(a)	19. WAS A	UTOPSY
-   5	5											YES 👽	NO 🗌
CEPTICICATION	200. EXTERNAL CAUS	E WAS 20b	. DESCRIBE	HOW INJURY OCCURR	ED. (En	ter nature of injury in	n Port I	or Port II	of item 18.)				
ů	CAUSE OF DEATH.	I KIBU IING LI											
1	20c. TIME OF INJURY	Y Month, Day, Year	20d. IN	JURY OCCURRED   20e	- PLAC	E OF INJURY (Home,	form,	20f. (City	or town)		(County)		(Stote)
MEDICAL	Hour o.m.	19	While	Nat while	facta	y, street, office bldg.	., etc.)						
3	`				-1	- h-1-l A-1		(E)			· 45	7	
$\perp$				emains described					_			_, and t	ind that
	death resulted	trom: Natural c	auses K	Accident .	Suic	ide [], Homi	cide [	, Ur	ndetermine	d cause	∐.		
Н	1.000		1 1	1+	1							DATE SI	ONED
	ACTUAL SIGNATURE	Quedici	-/4	Starely	_/_	M.D. CHIEF MEDIC	AL EXA	WINER				J. 110 0.	••••
	EXAMINER'S		/			ASSISTANT M	EDICAL	EXAMINE	R 🔲				
	NAME (Type) BE	enedict Ski	tarel	ic, M D.		DEPUTY MEDI	ICAL EX	AMINER E	<b>J</b> an	uarv	10.	1960	
2	20. SURIAL, CREMATION	1. 226. DATE THEREOF	7	22c. NAME OF CEMETER	YORG	REMATORY	2	2d. LOÇA	ITON (City, tov			(State	
	REMOVAL (Specify) Burial	1/13/60	5	unset Memo	ris	1 Park	C	ımher	land.	Maru	land		
2	3. FUNERAL DIRECTOR'S	<del></del>		ADDRESS	2 10			BY REGIST		EGISTRAR'S			
	John J. I	Jafan Com	bonlo	nd, Maryla			e.IAN	1 4 '6	0	e-1 -4			
1-	OUIIII O. I	migi, oun	nerra	nu, Paryla	III	DAI	F431111	* 7 (	(	Jally .	9 4	and .	

or removol. VS. A15ME[5] SM 9/55



VS A1S (4) 1SM 9/SB

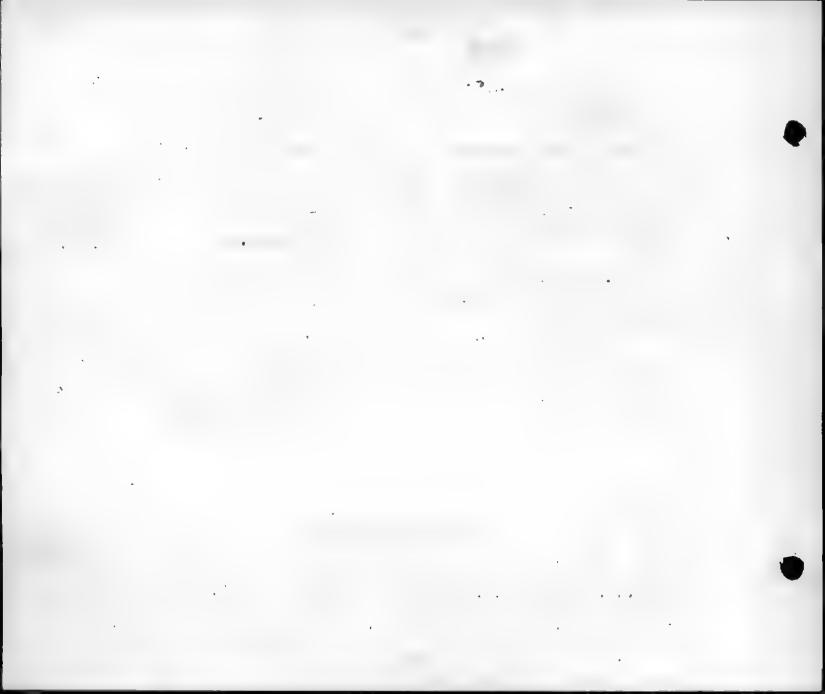
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ARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALT	H-BALTIMORE,	18
	TI.	The Co., 1922, 3 (2017).	C C O O Z	13 44	

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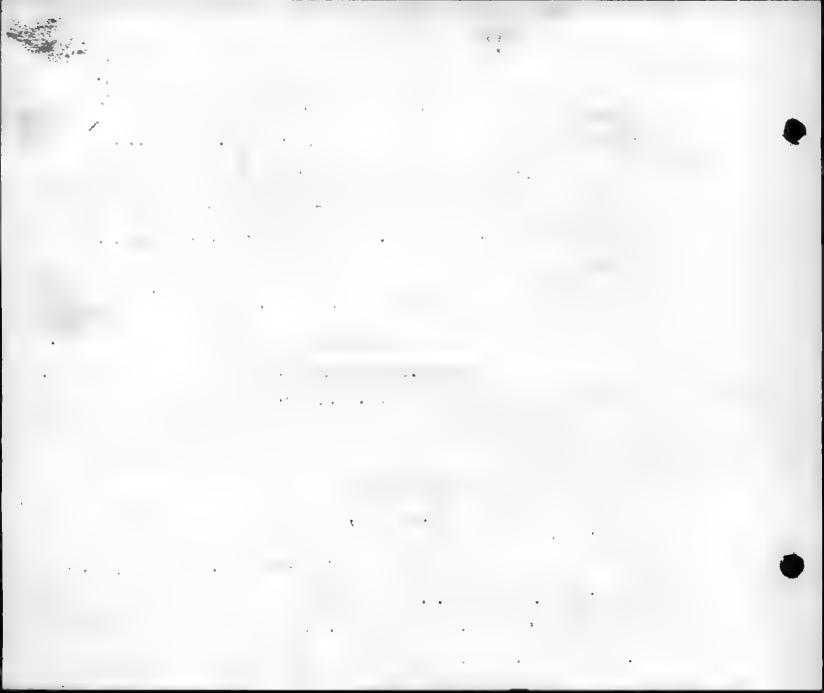
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	٥١	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY	ATT ECANY  (If outside corporate limits, wr)	MARYLAND  TE C LENGTH OF STAY IN 1b	o. STATE MARYI.		ALLEGANY
d NAME OF HOS	nearest town)  CIN BERT AND  PITAL (It not in hospital give str	DOA	d. STREET ADDRESS	PT.AND	e. IS RESIDENCE
OR INSTITUTION	red Heart Hos		/	NDEPENDENCE_ST	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First MTT.T.A.T.M	Middle	Lost MC:8DANTEL	4. DATE Mont	Doy Yeor 30 19 60
Retired	COLORED WIDE	ARRIED NEVER MARRIED TO DIVORCED NOWED NOWED NOT DIVORCED NOWED NOT	B. DATE OF BIRTH 6-11-101 19	last birthday)  CR yrs  or foreign country)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.  12. CITIZEN OF WHAT COUNTRY?
	PADE MC DANIET. VER IN U. S. ARMED FORCES? Iff yes, give war or dates of service)	(D) 16 SOCIAL SECURITY NO. 240-09-6299	14. MOTHER'S MAIDEN N JOSEPHT INFORMANT DTIS CHART		ess
PART I. D  O 2 3 )  Conditions, if gave rise to cause (a), statin tying cause las	g the under-	Hecite Let Hateriesell Luctic	+ Mentinear	ACT DI.	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDR YES NO
CONTRIBUTION	IG CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Year 20	hile Nor while fe	ED (Enter nature of injury in P  ACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	that I attended the dec	1 -1	h accurred at 127		that I last saw the deceased d an the date stated above. DATE SIGNED
PHYSICIAN'S NAME (Type) S.  220. BURIAL, CREMAT REMOVAL (Specific Purial)	ON, 226 DATE THEREOF	22c. NAME OF CEMETERY		27 LOCATION (City, rown/o	
23. FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS erland, Marylan	24o. REC'E	by REGISTRAR 246 REGIS 4 '60 CJA	STRAR'S SIGNATURE



TO HOSPITAL VS A15 (4) 15M 9/5B

L	003	O CERTIFICA	IE OF DEA	117	Reg	Dist. No.	4	Se	
1	PLACE OF DEATH			(Where deceased	lived If institution Re-	sidence befo	re admissii	on)	
o. COUNTY Allegany		MARYLAND STATE Ma:		aryland	yland b county Allegan				
	b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	rote limits, write RURAL			)	
	RURAL ond give recrest town) Cumberland	9 days	02 Cumberland						
Г	d, NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRES	5			a IS RESI	DENCE	
_	Sacred Heart Hospital	1	Alle	gany Inn	. Balto. Av	е,.	YES 🗍		
3.	NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Do		'ear	
L	(Type or print) Dolly	Alice	McGirr	DEATH	1	1.7	1 1	960	
5.	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED B	DATE OF BIRTH	,		ths Days	Hours	R 24 HRS. Min	
L	Female   White   wipowi		7-24-1877	1871	වරි yrs	1113 0075	Hours	ZOID	
10	USUAL OCCUPATION (Give kind of work done 10b. dyring most of work ng life, even if retired)				ountry] 12	. CITIZEN OI	F WHAT CO	DUNTRY?	
F	during most of work ng life, even if retired Ros	senbaum Bros.	<sup>M</sup> a1	ryland	Cumberland	1 U.S./	A .		
3.	FATHER'S NAME		14. MOTHER'S MAID	EN NAME					
	Arthur McGirr								
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO INF	FORMANT		Address				
Ĺ		15-18-8271	Pt. 's cha	art.					
	1B. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).]				INT	ERVAL BET	WEEN	
	PART I DEATH WAS CAUSED BY: Cerebral Hemmorhage							9 da.	
	LL20.0 DUE TO								
	Conditions if our which )							30 vr.	
	gove rise to immediate							-	
	ly ng couse lost.    Concerning the under   C								
Z O	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY								
CAT	Advanced a	age					PERFORMED? YES NO 3		
	200. ACCIDENT WAS UNDERLYING [] 20b DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL		NJURY OCCURRED 20e. PLAC	E OF INJURY (Home,	form, 20f. (City	or town)	(County)		(State)	
WED	Hour o. m. While of world of world w	THOI WILLIE	ory, street, office bldg.,	erc.)					
	21. I certify that I attended the deceased from September 11, 1958, to January 11, 1960, that I last saw the deceased								
	^	60_, and that death a		4 -4 6 7 7 7					
	1		accorred at 444-3		rne causes and on reet, city or town, stote)	rne date		E SIGNED	
	ACTUAL amed Y. Na	ceinan MA	a alio pa		t.,Cumberla		3 7/	30/61	
	SIGNATURE	M	.b. 1710 Be	SOTORO'S	n. Jerminetta	na - 1sic	1-aL/-	TSYOU	
	PHYSICIAN'S NAME (Type) James P. Hall-	inam M D							
22	BURIAL CREMATION. 226. DATE THEREOF	22¢ NAME OF CEMPTERY OR	CPEMATORY	22d. LOCAT	ION (City, lown, or cou	ntv)	(Stote		
В	REMOVAL (Specify) 1/14/60	St. Patricks			Cumberland,	* -		•	
-	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		EC'D BY REGIST					
	John J. Hafer, Cumberla	ind. Marvland		AN 1 4 '60					
_	7	The state of the s	07.6	AN I 4 DU	771	1			



	0003	OLKIII IO	~ · · ·		•	R	eg. Dist. N	0.
1. PLACE OF DEATH  G COUNTY	\		2. USUAL RES	IDENCE (Wh	ere deceased lived		Residence be	Fore odmission)
ALLEGA	ANY	MARYLAND	O. SIAIE	MARY:	LAND	b. COUNTY	ALLE	GANY
b. CITY OR TOWN (If outside corporo RURAL and give nearest town)	ole limits, write c. LENG	TH OF STAY IN 16	c CITY OR	TOWN (If o	utside corporate li	mits, write RUR	AL and give n	earest town)
FROSTBURG		FE		FROS	TBURG		1	
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION	pital, give street address)		d. STREET	ADDRESS				ON A FARM?
MINERS HOSP	ITAL			123	CENTER	STREET	1	YES NO
3. NAME OF (Type or print)	First THOMAS	Middle	McKERNA		4. DATE OF DEATH	Month JANUAF		Yeor 19 60
5. SEX 6 COLOR OR	RACE 7. MARRIED AN	EVER MARRIED 🔲	8. DATE OF BIRT	ГН	9. AC		UNDER 1 YEA	AR IF UNDER 24 HRS Hours Min.
MALE WHITE		DIVORCED 🗌	OCT.	9, 19	02	57 yrs.	ionnis days	Hours Min.
10a USJAL OCCUPATION (Give kind of during most of working life, even if	work done 10b KIND OF ALLEGA		STRY III. BIRTHP	LACE (Stote	or foreign country)		12 CITIZEN	OF WHAT COUNTRY
Work Leader- Po	WOST TICE I	ABORATO	RV	MARYL	222127		U.S	.A.
13. FATHER'S NAME	Sel 1100 1		14. MOTHER	S MAIDEN N	IAME			
THOMAS MCKE	A L S V V V L	- CURITY NA	NFORMANT	CATHE	RINE BR	ADY Address	<u> </u>	
15. WAS DECEASED EVER IN U. S. ARME (Yes, no, or unknown)   [if yes, give wor or d	lates of service)	111 (- 1-	ern ern generen e	מ אווא	OT INTERC			100
The Callet Ar arian In	F-/ -		RS. FRA	ANK P	OWERS,	PRUS	TBURG	
18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSE!		(D), ond (c).]	N/L	11	.0/8	A		NET AND DIATH
IMMEDIATE CA	USE (o)	win	900	WUM	mayor	ona		3 way
Conditions, if any, which }	Ma Dix	- 1 - 1 1	Thesha	to.	1000			11 ma)
gove rise to immediate	OUE TO	runi y	11-11-11	yes	12071			7/14
lying couse lost.	(c)		//				ĺ	
PART II. OTHER SIGNIFICAN		TING TO DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE CON	IDIT ON GIVEN	IN PART I(o)	19. WAS AUTOPSY
Ē								PERFORMED?
PART II. OTHER SIGNIFICAN  PART II. OTHER SIGNIFICAN  20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING III CAUSE OF LE (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH	W INJURY OCCURRE	D (Enter noture	of injury in 1	Port I ar Port II of	item 18.)		
	y, Yeor 20d, INJURY OC		ACE OF INJURY			wn]	(Count	y) (Stote
Hour o, m,	While Not of work in of w	WILLIE	ctory, street, offic	ce blog., erc	1			
21. I certify that I attended	d the deceased fram	Seld	19.5	4 to 96	in il	19/_Oth	at Llast so	aw the deceased
alive an 4	1960	and that death	accurred at	10/5	M. from the			te stated abave
0 . 9					ADDRESS (Street, o			DATE SIGNE
ACTUAL SIGNATURE	Me Lar	re	M.D.	E. :	MAIN ST		Fren	6
PHYSICIAN'S NAME (Type) W. O. MC	CLANE M. I	).		FRO	STBURG,	MD.	190	50
220. BURIAL, CREMATION, 226 DATE T	HEREOF 22c. NA	ME OF CEMETERY C	R CREMATORY		22d. LOCATION	City town, or a	county)	(Stote)
BURTAL (Specify) 1-7-	1960 F'I	BG. MENO	RIAL PA	ARK	FROS	TRURG.	MD.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADD	ORESS.		24a. REC	D BY REGISTRAR		AR'S SIGNAT	
J. R. DURST.	FROSTBURG	MD.		DATE	A14 0 00	Cin	mun 2. 74	talid

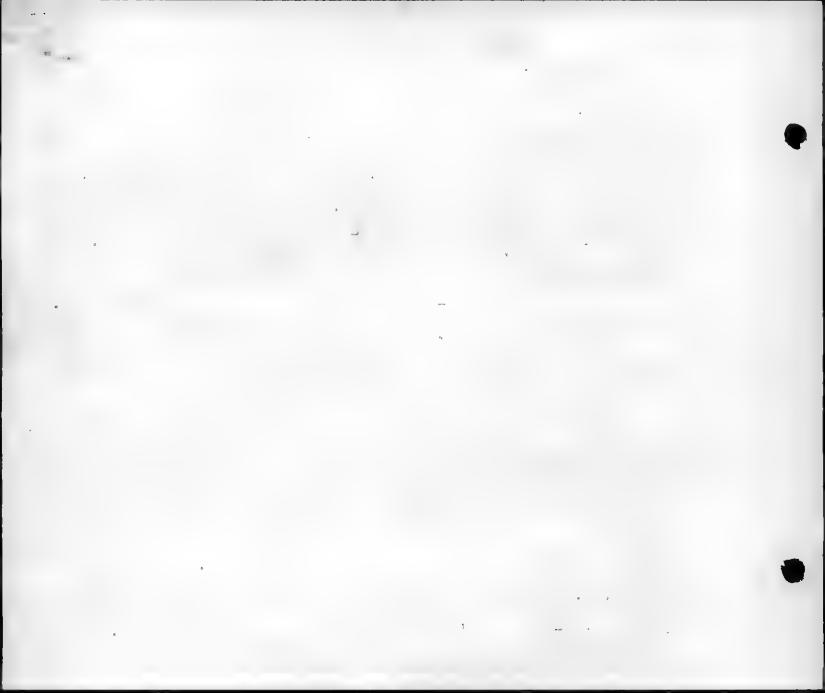
ir death. Page

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may be reta. Loy the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, crematian, ar remayal, and in any event within 72 haurs after death. ATTINDING FILTINGIAE: The law require that the death certificate be executed within 21 had TO HOSPITAL

VS A1S (4) 1SM 9/S8



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Byron Kight A15 (4) 9 X U 0

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Pages death

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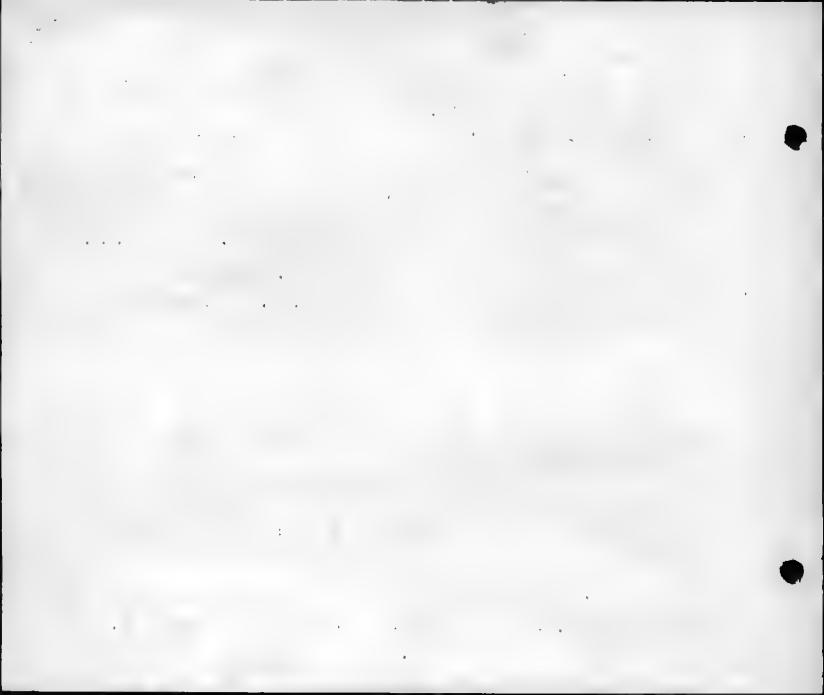
certificate

After this

TO FUNERAL DIRECTOR:

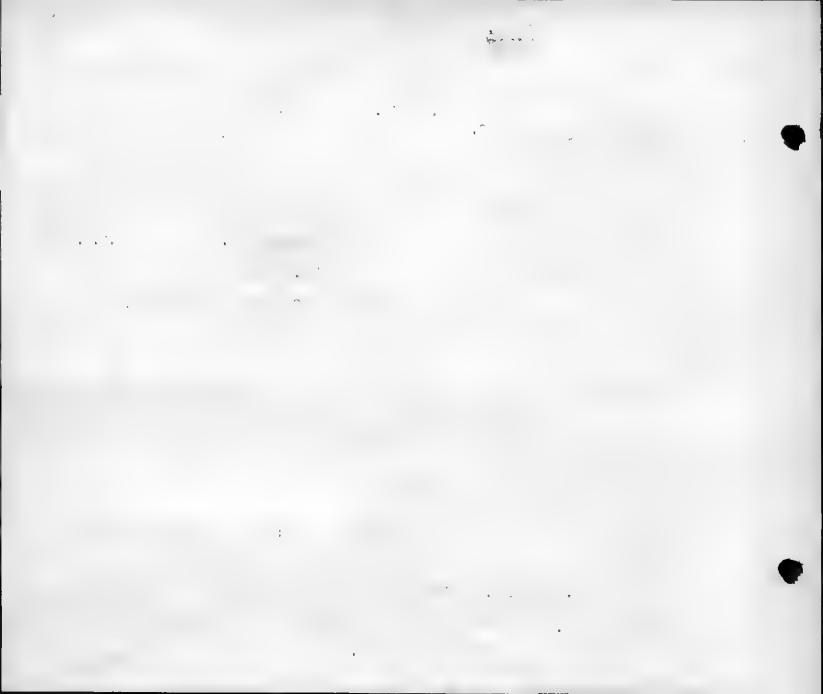
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law requires that the death certificate be

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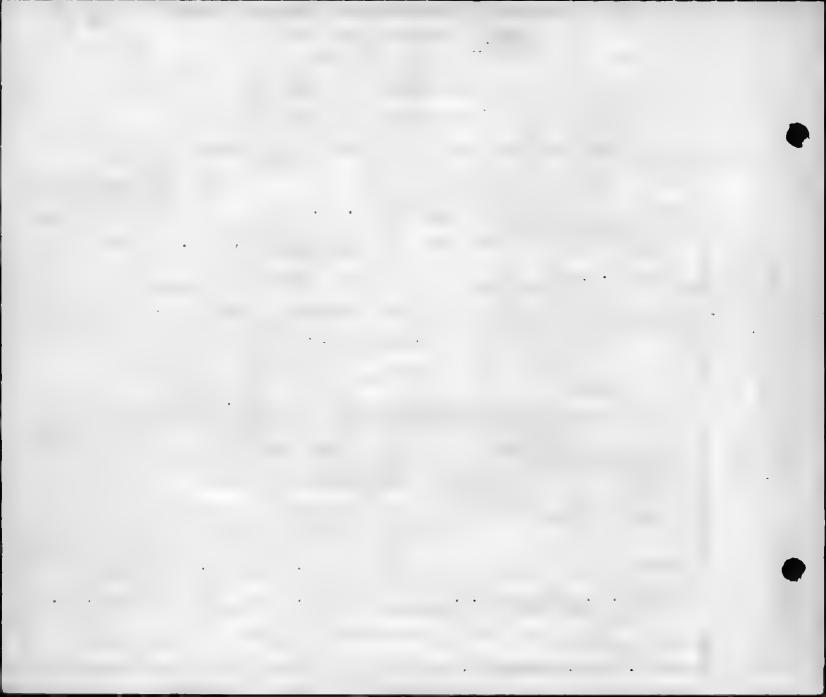
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0039 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

										4491 0	1311 140.		
1.	PLACE OF DEATH	llegany		MARYLAN	- 41	o. STATE	ence (Wh		d lived. If institut b. COUNT	1			n)
$\vdash$		outside corporate fimi	to senito	c. LENGTH OF STAY IN	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						egan		
	RURAL and give ne Cumber	arest lown)	is, write	2 years	i ii		ımber	_	rote limits, write	KUKAL ond	give neare	st townj	
	d. NAME OF HOSPIT	AL (If not in hospital, o	ive street			d. STREET A		LWING				IS RESTO	DENCE
	OR INSTITUTION	822 Colum						hia A	venue			IS RESTO	ARM?
3	NAME OF	Fir		Middle		Last		4. DATE	Mo	.1		V	- 74
	DECEASED (Type or print)	GLENNIE	21	LEONA	ME	CUSKER		OF DEATH		_	Doy		ear 9 60
5.	SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED	<b>B</b> .	DATE OF BIRTH	1		9. AGE (In years	IF UNDE	R TYEAR IF	UNDER	24 HRS.
_	'emale	White	WIDOW	DIVORCED	N	ov. 11,			lost birthday) 83 yrs	Months		Hours	Min.
100	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR I	NDUST	RY 11 BIRTHPU	ACE (Stote	or foreign c	ountry)	12. CI	TIZEN OF	WHAT C	OUNTRY?
L	Housewit			wn Home		Pleas	santv	ille,	Penn.		USA .		
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	Alfred V	<del></del>					se Br	inker					
15.	WAS DECEASED EVEL	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	7. INF	ORMANT		82	2 Colum	sta A	Venue	D	
	no. or onenown	it yes, give war or dates of s	ervice]	none	Lou	ise Bri	gham		mberlan			~	
Г	18. CAUSE OF DEA	TH [Enter only one co	vse per lji	ne for (a), (b), and (c).]		-					INTER	VAL BETY	WEEN
	PART I, DEA	TH WAS CAUSED BY:	111	77 0 - 1	1.6	-	- 1	7	1.4.120	1211	ONSE	AND D	EATH
		IMMEDIATE CAUSE (o	1 600	The state of the state of the	2C.Z.	DA ELLA	-	"ANY	in On	JOECH!	>/	2 6	<u></u>
	422.1	DUE 10	)	-1								Cfo	19
	Conditions, if a		, 6	Remarker L	-	une.						()	1
	gove rise to in	nmediote (	-	0 4									
	cotse (o), stating the last.	he under-	:)	Venera	2/2	el a	the.	rio,	seler	1	2		
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BULN	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PAI	RT 1(o) 19.	WAS AL	JTOPSY
Ě												PERFOR/	
F.	20- 400100117 1444	C LIN LOTTON AND TO THE	204 050	COURT LIGHT IN THE COURT								res 🗌	NO []
CEMPICATION	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200. DESI	CRIBE HOW INJURY OCCU	JKKED.	(Enler nature of	INJURY IN P	fort tor for	f II of ilem (8.)				
ĕ	20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d. (t	NJURY OCCURRED 200	. PLAC	E OF INJURY IF	lome, form	20f. (City	or town)	- (	County)		(State)
MEDICAL	Hour o.m. p.m.	19	While of wor	Not while		ry, street, office				,			(3.3.0)
		at I attended the	deceas	ed from	/-,	1946	? to	1-	1-, 196	Zithat I	last saw	the d	leceased
	alive on	1-6-	106	oo_, and that de	oth c	scoursed at	1-2: =						
	01110 011	7	1/	, ond mai de	Control	sccorred ac.			Ireel, city or lown		ne date		i above. E signed
	ACTUAL	11K X =	71/ ( )	101:	_	300 0							E NUMED
	ACTUAL SIGNATURE	15/11	VX	urance	M.	b. 122 &	o. C	entre	St., C	ımber	Land.	, Md	
	PHYSICIAN'S												
L	NAME (Type) W.	F. Willi		M.D.			o, C		St., C		land	Md	.4
220	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC	)F	22c. NAME OF CEMETER	YOR	CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote)	
	Burial	1/12/60		Pine Grove	Ce	mtery		Corry	Penns	vlvan	ia		
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				D BY REGIST		STRAR'S SI	GNATURE		
L	John J. F	lafer. Cum	herl	and, Maryla	nd.		DATE TAT	1 4 '6	0 0.	ILun 9	45		
-											100	_	



#### FOR STATE HEALTH DEPT.

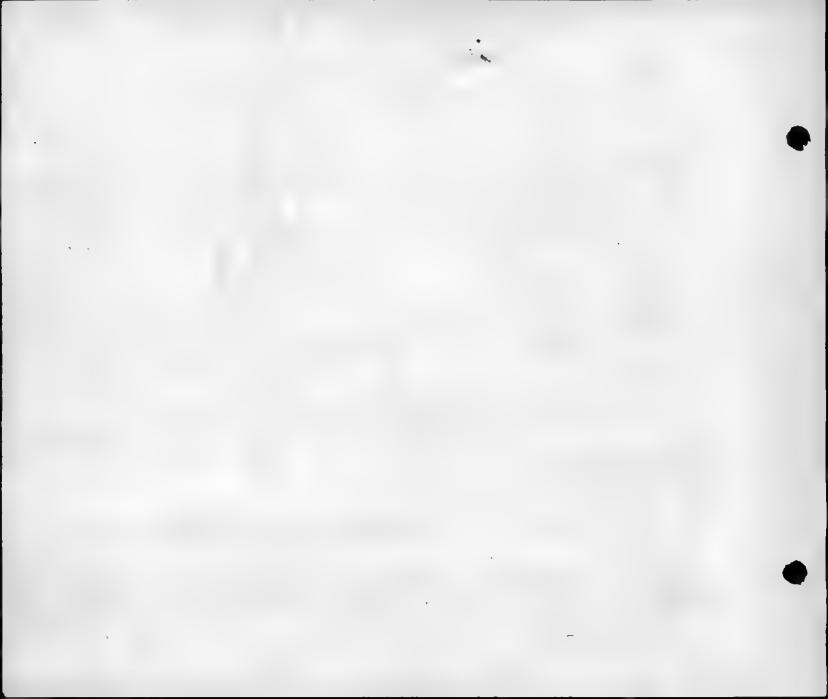
Page TO DEPUTY KE AL MAINER: This certificate shalled manifeld within 24 hours after death. If any delay the practy, please execute the ficate, writing the word "pending" in pencil is them 18. Give Pages 1, 2, and 3 to the funeral ector. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filles.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a buriof-transit permit. File pages, I and 2 with the State Board of Health, at its designated agent, prior to beriaf, cremation, ar removal, and in any eyent within 72 hours after death.

2 T P MS. A15ME 5M 2/57

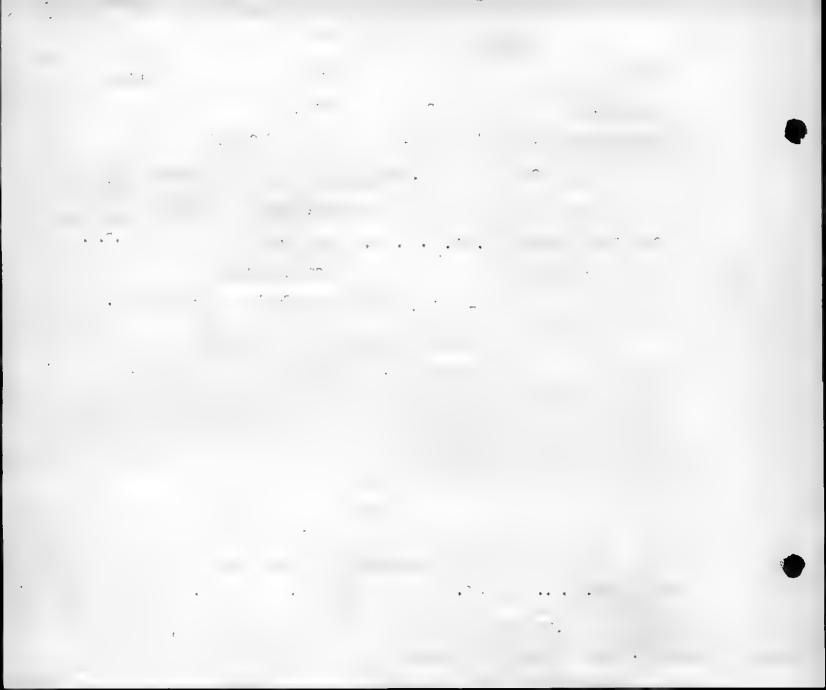
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

									Reg. E	ist. No.		
	PLACE OF DEATH	ALLEGAN	Y	MARYLA	72.0	AL RESIDENCE ATE MARY		sed lived. If anst b. COUN	itulian. Resid	22 2 1 2		ion)
1	o. CITY OR TOWN 119 FRO.	oute de corporate l'arite, vi D'TBURG	rw MURAL	35 YRS.	lb c. Cl		OF THUR	porote I mits, wri T	e RURAL on	d give ne	orest lawr	1}
(	L NAME OF HOSPITA		(If not in hospi	tal, give street address)	d. 51	REET ADDRESS	WALNU	T ST.			ON A	FARM?
	NAME OF DECEASED (Type or print)	CLARE		MILTON		LLER	4 DATE OF DEATH	JANUAR		6,	Yec 19	1.0
5. !	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years fost by theley)	IF UNDE	TYEAR	IF UNDER	24 HSS_
]	MALE	WHITE	WIDOWED	DIVORCED [	MAR.	9. 1	896	63 yr	Months	Days	Hours	Min.
_	luring most of warking	N (Give kind of wark life, even if relired) DTORMAN	done 10b KIN BRO	PHY COAL		MARY		country)	12 CH	U.S		OUNTRY?
13.	FATHER'S NAME				14. MOT	HER'S MAIDEN	NAME					
	THOMAS	F. MIL	LER		5	USAN '	V. STE	EPHENS				
	WAS DECEASED EVE	R IN U. S ARMED FO		OCIAL SECURITY NO	7 INFORMAN	rt -		Addre	25		-	
	YES	WW 1		NONE	MRS. E	LSIE	WILLIA	MS, FR	OSTBU	JRG,	MD.	
		H Enter only one co	use per line fo	10 101 070 10 ]		_	~ .	<del>-</del> -		INTERV	AL BETWEEN	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (I		Leve	osc	1				7	neun	4
	A Tomas	DUE TO								11	Oas	1
	Conditions, if an		·							17	2.000	
	gave rise to immed (a), stating the u		)									
	couse lost.		:)									
CERTIFICATION	PART H, OTH	ER SIGNIFICANT CO	NDITIONS CON	TRIBUTING TO DEATH 8	UT NOT RELAT	ED TO THE TER	MINALDISEAS	E CONDITION G	IVEN IN PAI	(T 1(o) 19 Y	PERFOR	
	20a EXTERNAL CAU PRIMARY ar CON CAUSE OF DEATH.	SE WAS	Ob DESCRIBE	HOW INJURY OCCURRE	D. (Enler natur	of injury in Po	art I ar Part II	of item 18.)			7 .	
MEDICAL	20c TIME OF INJUR	Y Month, Doy, Yo		1	PLACE OF INJ	URY (Home, far affice bldg., e	rm.   20f. (City	or tawn)	(Co	uniy)	_	(State)
MED	Hour a, m, p, m,	19	While of work	1401 241118 1	ructory, sineer,	unice orog., e	1	*				
	21. I certify th	at I took charg	e of the re	mains described (	abave, heli	an Autap	sy DX. I	nspection 🔯	, Inqui	ry 🔀	and	in my
	opinion death i	resulted from:	Natural ca	المعرقة []. Accide	nt 🔲, Si	vicide [],	Hamicide	. Unde	ermined			Í
		10 Ann	. 1 /									
	SIGNATURE	UUII	10 L	une_	M.D CI	HEF MEDICAL	EXAMINER [	-	7	n .	DATE SIG	NEO
	EXAMINER'S NAME (Type)	W. O. M	cLANE,	M. D.		SISTANT MEDICA			un	0 /	160	
220	BURIAL CREMATION	N, 226 DATE THERE	OF  2	Zc. NAME OF CEMETERY	OR CREMATO	RY	27d. LOCA	TION (City, lown	or county)		(State)	-
	BURTAL	1-9-1	960 F		RIAL I	PARK	I	ROSTLU	RG, I	ID.		
23	FUNERAL DIRECTOR			ADDRESS		240 REG	C'D BY REGIST	RAR 246. REC	HSTRAR'S SI	GNATURE	-	
	J. R.	DURST, F	RASTRU	RG, MD.		DATE	AN 1 1 '6	0 0	other S.	Kines	L	



certificote

death



				MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 1	8
The same				004	CERTIFICA	ATE OF DEATH	ł	Reg. Dist. No. () () () ()
director			o. COUNTY	egany	MARYLAND	o. STATE	ere deceased lived. If institution b. COUNTY	n: Residence before admission)  Mineral
d be f			b. CITY OR TOWN RURAL and give	(If autside carparate limits, write nearest tawn)	c LENGTH OF STAY IN 16		utside corporate limits, write RU	J
o Fo			A NAME OF HOSP	berland HAL (If not in hospital, give street	25 Days	Rt. #	1 Ridgele	a. IS RESIDENCE
by th	06	2	OR INSTITUTION Sa C	red Heart Hospi	tal	Knobley M	Mt. ( Locatio	ON A FARM? YES (X) NO
illed in es 1 an			3. NAME OF DECEASED (Type or print)	George	David N	Miltenberger	4. DATE OF Jan.	
completely filled in by the funeral papers. Pages 1 and 2 shauld be			s. sex Male	6. COLOR OR RACE 7. MARE WIDOWI		B. DATE OF BIRTH Dec. 28, 187	1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min
nd comple	7		100. USUAL OCCUPAT during most of wo Retired	ON (Give kind of work done 10b. rking life, even if retired) Farmer	KIND OF BUSINESS OR INDU	Adams Co		U. S. A.
ion of			13. FATHER'S NAME	hn Miltenber er	, ,	14. MOTHER'S MAIDEN N	y Leffelman	
ittending physic please remove			15. WAS DECEASED EV (Yes. no. or unknown) NO	(ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		nformant . John Milt	Addre enberger Rt.	** # 1 Ridgeley,
lendi leos ithia				EATH [Enter only one cause per li	ne far (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
e at			PART I, DE	IMMEDIATE CAUSE (0) COTO			possible small	2 months
y the Ther		-	3347	DUE TO	CVA terminall	*		
gned by permit.			Canditians, if gave rise to cause (a), stating	immediate (	ralized Arteri insufficiency		d Myocardial	2 months
en signi			lying couse last	/ (-)	CONTRIBUTANCE TO DEATH BUT	NOT BELATED TO THE TERM	NA DISEASE CONDITION CIVE	N IN PART 1(a) 19. WAS AUTOPSY
burioi-transi	,	)	E Pneumon	itis, right midd			NAL DISEASE CONDITION GIVE	PERFORMED? YES NO 🔼
Ficat the	i		F OR CONTRIBUTION	/AS UNDERLYING ☐ 206. DESA G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE	D, (Enler nature of injury in I	Part I or Part II of (tem 18)	
er this certificate has for use as the burion			ZOC. TIME OF INJU	While	f for	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc	20f. (City or town)	(County) (State)
1 2 4			21. I certify	hat I attended the deceas	ed from November	20, 1959 , to Ja	muary 12 , 1960,	hat I last saw the deceased
CTOR: Afte e detoched l			alive on _Ja	nuary 12th , 196	O, and that death		M, fram the causes and ADDRESS (Street, city or tawn, s	on the date stated above tate) DATE SIGNED
CI			ACTUAL	Land & th	~ · · · · · /		n Hotel	Ton 13 106/

PHYSICIAN'S NAME (Type) Wyard F. Doerner, Jr., M.D. Cumberland, Maryland. BUR AL, CREMATION, 226. DATE THEREOF BUrial 1/15/60 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) SS. Peter & Paul's Cumberland, Maryland Cumberland, Maryland 240 REC'D BY REGISTRAR 23 FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE

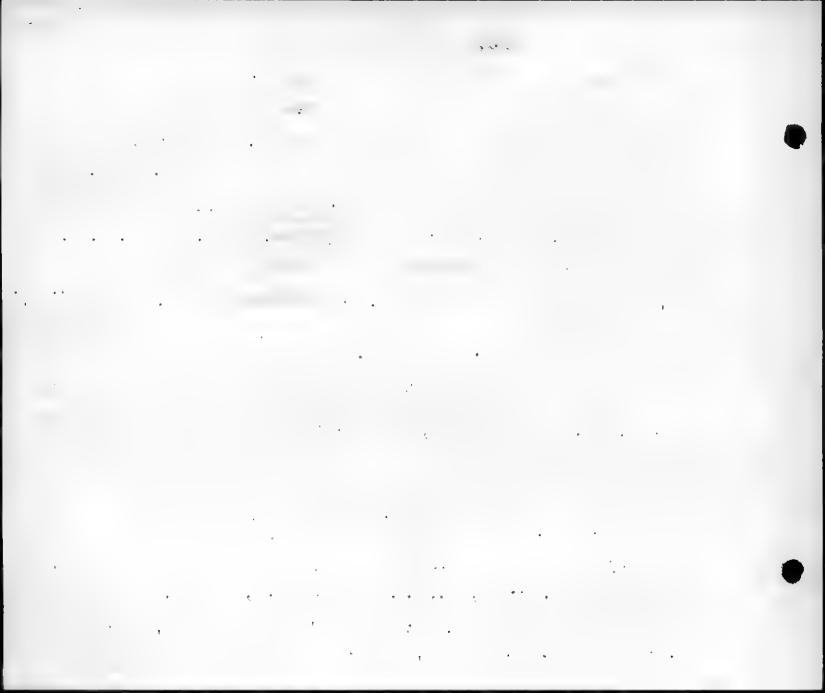
DATE

(State)

H. Wayne George

VS A15 (4)

15M 9/58



HOSPI	be r	UNER	ge 3 s
5	Ě	5	Ö.
		5 (	

		(	1085 CERTIF	ICATE	OF DEA	TH	ſ	Reg. Dist. N	0.
1	o. COUNTY	ALLEGANY	MARYL	۰ ۱۱ ۵۰	TATE	(Where deceased YLAND	lived. If 'nstitution: b. COUNTY	ALLEC	
	B. CITY OR TOWN (	If outside corporate limits, wri Carest town) LBUR <b>G</b>	c LENGTH OF STAY IN	1 1b c. 0		(If outside corpore STBURG	ate limits, write RUR	AL and give n	earest town)
	or institution	TAL (If not in haspital, give str R <sup>†</sup> S HOSPITAI		d.	street addres		N ST.		e. IS RESIDENCE ON A FARM? YES NO X
3	DECEASED (Type or print)	MARGIE	JANE	МО	ORE	4. DATE OF DEATH	JANUAR TANUAR		Yeor 19 60
	FEMALE		ARRIED NEVER MARRIED		. 18,	1889		UNDER 1 YEA Months Days	R IF UNDER 24 HR Haves Min.
	HOUSEW	ON (Give kind of work done king life, even if retired)  ORK	OWN HOME		MARYD	AND	untry)		S.A.
		ACOB SHIVES				EN NAME SHOEMA			
	S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service),	16. SOCIAL SECURITY NO. 218-05-1613.	INFORM/		ORE, F	ROSTBURG		
1		ATH [Enter only one couse po ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line for (o), (b), ond (c).]		0				TERVAL BETWEEN ISET AND DEATH
	Conditions, if o		Cenebra	E to	ems	orrho	192		6 hrs
	gove rise to i couse (o), stating lying couse lost.	the under- (c)	Ly be Jon	orve	Carl	io vas	wa da	dea.	5915
1000	S A TO	HER SIGNIFICANT CONDITIO	N		LATED TO THE T	ERMINAL DISEASE	CONDITION GIVEN	I IN PART I(o)	PERFORMED?
8	OR CONTRIBUTING	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC						
200	20c. TIME OF INJUI Hour o. m. p. m.	w W	d, INJURY OCCURRED 2 hire Not while work at work	De. PLACE OF factory, str	INJURY (Home, eet, office bldg.	form, 20f (City, etc.)	ar tawn)	(Caunt)	r) (State
	21. I certify the	nat I attended the dec		leath occur	1955, to red at/13	2 M, fram 1	) , 1% O,th		w the decease
	ACTUAL SIGNATURE	4.C.S.	relit,	M D	W	ADDRESS (SI	eet, city or town, sto	ote)	1/20/
/	PHYSICIAN'S NAME (Type)	H. C. DIE	EHL, M. D.		F	ROSTBUF	RG, MD.		
L	20. BUR AL, CREMATIC PEMOVAL (Specify)		PHILOS (	ERY OR CREM			ON (City, town, or TERNPOR		(Stote)
2	3. FUNERAL DIRECTOR		ADDRESS		24a.	JAN 25 '60		RAR'S SIGNAT	

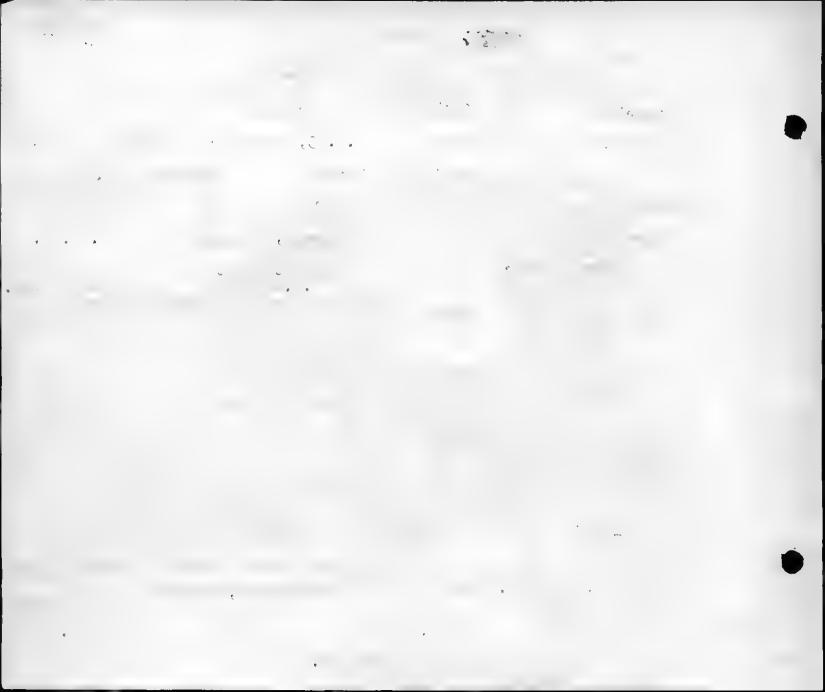
VII A1S (4) 15M 9/58

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0042 **CERTIFICATE OF DEATH** 

01419 Pag Dist N.

			~ ~								KEA- DIST	. 140.	
	1. PLACE OF DEATH o. COUNTY	Allegan	y	MARYL	AND	2. USUAL RESII	dence (who			nstitution DUNTY		egan	
	<ul> <li>b. CITY OR TOWN (I RURAL and give no</li> </ul>	f outside corporate limiti corest town)	, write	LENGTH OF STAY I	N 1b	c CITY OR			rote imits,	write RU	RAL and giv	re nearest	lown)
	Cumberla			2/14/59			Eckha	rt					
	OR INSTITUTION	At (If not in hospital, gi	_	_		/ d. STREET A							RESIDENCE N A FARM?
	Allegan	y County	Inf'	irmary		R.D.#	, Fr	ostb	urg,	Mar	ylan	d YE	NO K
	3. NAME OF DECEASED	First		Middle		Los	t	4. DATE		Month		Day	Year
	(Type or print)	Lucy		Matilda		Morgar	1	DEATH	Janu	uary	2	6,	19 60
12	5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		DATE OF BIRTI	Н		9. AGE (In				NDER 24 HRS
1	Female	White	WIDOW	ED N DIVORCED		4/18/1	879		80	yrs.	Would?	ays Ho	urs Min.
	10a USUAL OCCUPATIO	ON (Give kind of work ding life, even if retired)	one 10b.	KIND OF BUSINESS OF	INDUST	RY 11. BIRTHPL	ACE (State	or foreign c	ountry)		12. CITIZE	EN OF WH	AT COUNTRY?
	Housewife					Eckh	art,	Mary	land			U. S	3 . A .
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	Ja	ames Carte	r			Har	riet'	Por	ter				
	15. WAS DECEASED EVE	R IN U. S. ARMED FORC		SOCIAL SECURITY NO	IN	FORMANT P	.0.B	x 59	9,	Addre	" Curr	berl	and M
	No	None	WICE)	None	Al	legany	Cour	ity I	nfir	mar	7 Rec	ords	3
		TH [Enter anly one cau	se per li				a.C. a	^			`		L BETWEEN
	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (a)	Col	San of 7	2011	orande	est.	De61	1116	14	12	ONSET A	ND DEATH
	E02 x	DUE TO		a rece,				-/~			<u> </u>		>
	Conditions, if a	ny, which )	-uk	Tours a.	P	AXL	EALL	200	Pero	2			
	gove rise to it	mmediate ( DUE TO		- C C		C.	1	4		and the same of	1		
	couse (a), stating lying couse last	the under-	(	hrane		nes	fre	166	,				7
	Z PART IS OTH	IER SIGNIFICANT COND	ITIONS	CONTRIBUTING TO DEA	TH <sub>J</sub> BUT N	OT RELATED TO	THETERMI	NAL DISEAS	E CONDITIO	ON GIVE	N IN PART	1(a) 19. W	AS AUTOPSY
	PART II. OTH	Lewill		Deter	108	rai	Ló	~ '					RFORMED?
		S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter noture a	finjury in P	ort Lor Por	t II of item	18.)			
		MEDICAL EXAMINER)											
	TO TIME OF INJUR	Y Month, Day, Year			20e. PLA	CE OF INJURY (	Home, form,	20f (City	or town)		(Co	uniy)	(Stote)
	Hour a m	19	While at wor	k at work	100	, and , on	. olog , e.c	1					
	21. I certify th	at I attended the	deceas	ed from 2/14	/59	. 19	to 1/	26/6	0 . 1	9 .tl	hat I last	saw th	e deceased
	alive an 1	/23/60	. 19	, and that	death	accurred at	3:401	M fram	the caus	es and	on the	date sta	ited above
	71	1	(		404111				treet, city or				DATE SIGNED
4	ACTUAL SIGNATURE	1111107	. 7	2 Leal	L ,	n J19	Gree	na S	tree	h.	7	1 27	/ 60
1	- / / -		_						36 9C 3C 3C	<b>Y</b>		Ar	
3	PHYSICIÁN'S I	or. James	E .	McLean	9-y-1-90-ja	Cu	mberl	land,	Mar	ylar	nd		
	220. BURIAL, CREMATIO	N, 22b. DATE THEREOF		22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCA	TION (City.	town, or	county)		(State)
	REMOVAL (Specify) Bามารถไ	1/29/60		Eckhart	Cen	eterv		Eck	thart			M	9
	23 FUNERAL DIRECTOR	S SIGNATURE HAT	er E	- ADDRESS			24a. REC'E	BY REGIST		REGIST	RAR'S SIGN	NATURE	
1	exulty + M	nitecut 23		lain, Fros	me	rg.Md.	DATEER	8 '60	)	Class	un 8 H		
											- A	A COLUMN TWO IS NOT THE OWNER.	



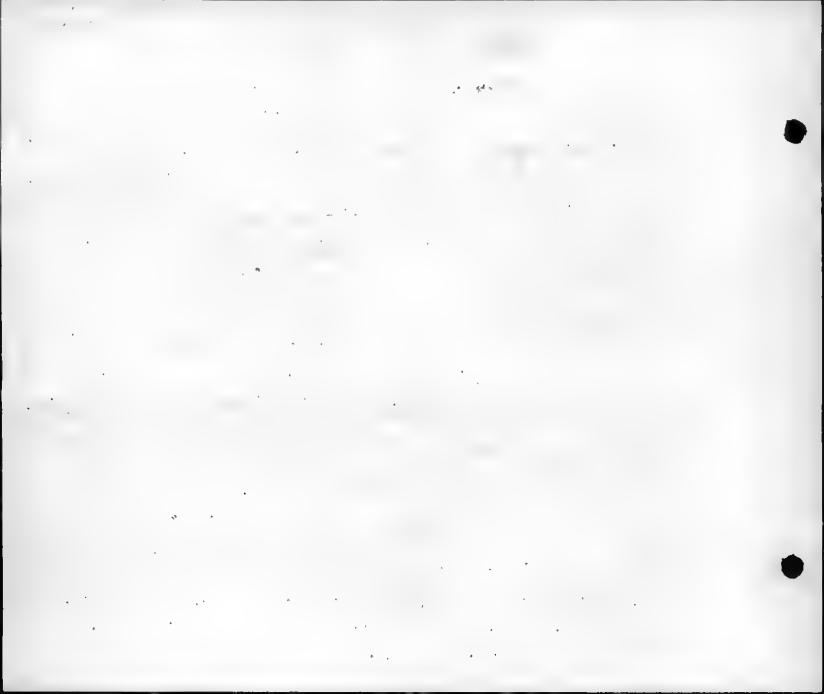
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1 tem 9 kalmaz 55 2-3-60 et

CERTIFICATE OF DEATH

VU3	<u>0</u>			Keg. Dist.	140.
PLACE OF DEATH o. COUNTY	MARYLAND	2 USUAL RESIDENCE (Whe			
Allegany	MAKTLANU	o France	nd	Allega:	ny
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR JOWN (IF of	utside corporate limi	ts, write RURAL and give	nearest town)
Cumberland	6 days	X Cumbe	rland		
d. NAME OF HOSPITAL (If not in haspitat, give street OR INSTITUTION		/ d. STREET ADDRESS			e. IS RESIDENCE ON A FARM2
Sacred Heart Hospital		P. 13	Redford H	d	YES NO 🔀
NAME OF First DECEASED (Type or print)  Leroy	Middle	Lost	4. DATE OF DEATH	Manth	26 <b>19</b> 60
	RIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE	(In years IFUNDER TY	EAR IF UNDER 24 HRS
male Thite WIDOW		2.25.1005	54 A	yrs Manths Do	
0a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or foreign country)	12 CITIZEN	OF WHAT COUNTRY?
during most of working life, even if retired)  Baker	Bakery	# rylan	d	T,	.S.A.
3. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	*	
William Mower		Ida	Brant M w	er	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT	_	Address	
Yes, no, or unknown) (If yes, give wor or dates of service)	None	Pt 's c	gart,		
18. CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b)/ond (c).)	11			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Cerel Zut	Huy or	1100	-e	24 (SA)
345× DUE TO	11 9	7	7		2 /
Conditions, if ony, which ) (b)	Hot Trees	ul slav			X WEE1) 2
gave rise to immediate couse (o), stating the under-	MALO VIA	o Sales	100		201411
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE COND	IT-ON GIVEN IN PART 1(	o) 19. WAS AUTOPSY
					YES NO
200. ACCIDENT WAS UNDERLYING 2005. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	). (Enter nature of injury in P	ort I or Part II of ite	em 18.)	
20c TIME OF INJURY Month, Day, Year 20d, I	NJURY OCCURRED 200 PL	ACE OF INJURY (Home, farm,	20f. (City or town	i) (Cou	ntv) (State)
Hour o.m. While of wor	Not white for	tory, street, office bldg, etc	)	, , , , , , , , , , , , , , , , , , , ,	,
21. I certify that I attended the deceas		-0 - 19/0 C ta	1-2/0-	- 19/2 Cithat I last	tau the deceased
alive an 1 - 2 6 \ 19 6		accurred at 12:15]			
10000	The state of the s		ADDRESS (Street sig		DATE SIGNED
ACTUAL SIGNATURE	unit D	mol6 Grene	15XC	michella	111111-18
	771	91	7		7
PHYSICIAN'S I.T. Johnson		16.0	reen St.	Cumberland	1_M
20. BURIAL, CHEMATION, 226 DATE THEREOF	22c NAME OF CEMETERY O			ty, town, or county)	(State)
Burial Jan. 29, 1960	Olivet Cem	etery	Moorefi	eld, W. V	2.
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'E		24b. REGISTRAR'S SIGNA	ATURE
Byron Kight Cur	mberland, Md	• DATE	B 1 '60	Orthun S. 1	Traces

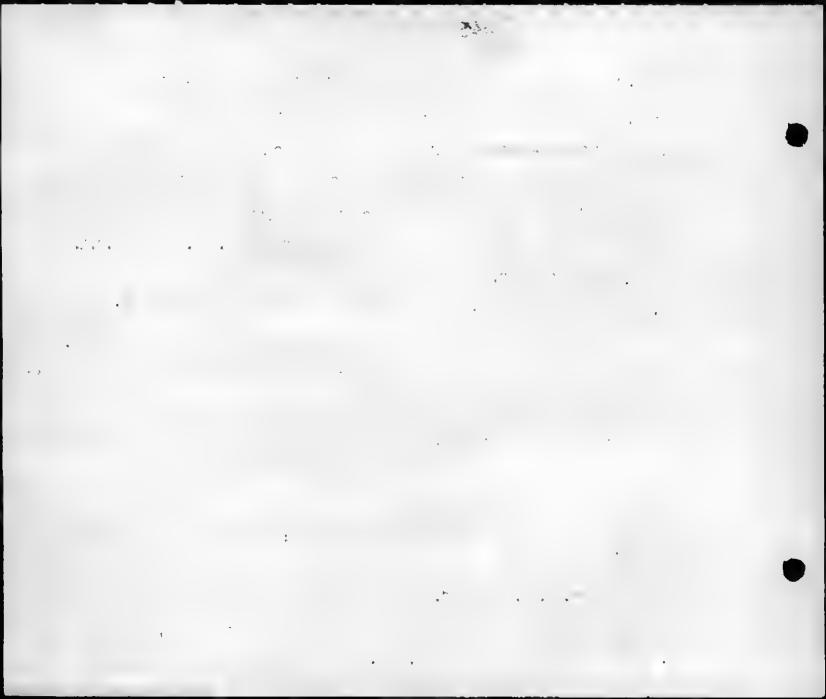


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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		<u> </u>	U44	CERTIF	CAIE	OF DEA	ПП						
1	PLACE OF DEATH COUNTY ALLEGANY			MARYL		USUAL RESIDENCE	CE (Whe	ere deceased	l lived If instru	tution · Res	idence befar <b>Y</b>	re admis	sian)
	b CITY OR TOWN (If	outside carporate limits,	write c. L	ENGTH OF STAY I	N 1b	c CITY OR TOW	N (If au	ıtside carpo	rate limits, writ	e RURAL o	and give nea	rest low	n)
	CUMBERLAI	NO		3 DAYS		CUMBERI	LAND	)					
	d. NAME OF HOSPITA	AL (If not in hospital, give	street addre	ns)		d. STREET ADDRI	ESS				1	e. IS RES	SIDENCE FARM?
	MEMORIAL	HOSPITAL-ME	MORIAL	_AVENUE_		38_RACE	E 51	REET			1	YES [	NO 🟋
3.	NAME OF DECEASED	First		Middle		Lost		4. DATE OF	A	donth	Do	у	Year
-	(Type ar print)	EVELYN		Dameror	1	NUSE		DEATH		NUARY	19		19 60
S	SEX	6 COLOR OR RACE 7	MARRIED	NEVER MARRIE	D □   B. D	ATE OF BIRTH		Ç	9 AGE (In year last birthda:		hs Days	Haurs	ER 24 HRS.
L	FEMALE		IDOWED [			EPTEMBER	23.	1900		rrs.		Tidats	781012
100	<ul> <li>USUAL OCCUPATIO during most of work</li> </ul>	N (Give kind of work dan ing life, even if retired)	e 10b. KIND	OF BUSINESS OF	INDUSTRY					12	CITIZEN OF	WHAT	COUNTRY?
L	Sales la		Cos	metics		MARTII	NSBL	JRG, W	. VA.		U.S.	Α.	
13.	FATHER'S NAME				1.	4. MOTHER'S MAI	DEN N	AME					
1		OWARD STAPL					ICE	COUCH					
		R IN U. S. ARMED FORCES If yes, give war or dales of service	m)	AL SECURITY NO. -40-4097	17. INFOR	ORIAL HOS	SPIT	AL, C		Address	MD.		
	18. CAUSE OF DEA	TH [Enter anty ane cause	per line for	(a), (b), and (c) ]								RVAL BE	
	PART I DEAT	TH WAS CAUSED BY:	CA	4/00 3	2	clera	0	o a	mand	بذر	ONS	ST AND	DEATH
	4221	DUE TO			f. S.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1				,		0
	Canditions, if ar	ry, which ) (b)	1>	UR C	All-	or de	10	e	-2		10	and of	1 C.O
	gave rise to in cause (a), stating t	nmediate (										1	
	lying cause last.	(c)_										6-1	> -51
ATION	PART II OTH	ER SIGNIFICANT CONDIT	IONS CONT	RIBUTING TO DEA	TH BUT NO	T RELATED TO THE	TERMIN	NAL DISEASI	CONDITION	given in	PART I(a) 1	P. WAS PERFO YES	AUTOPSY ORMED?
CERTIFICATION	200. ACC DENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING   201	b. DESCRIBE	HOW INJURY OC	CURRED. (E	inter nature of inju	ury in Po	art I ar Part	tt of item 18)				
	20c. TIME OF INJURY		20d. INJURY	Y OCCURRED :	20e PLACE	OF INJURY (Home	e. form.	20f (City	ar town)		(Caunty)		(Stole)
MEDICAL	Haur a.m		While	Nat while at work		, street, affice bldg					[		(/
2	21. I certify that	t (l) (this hospital) a			from4	15:	. 19	9.10_	1.19	1	960, the	ot (I) (	wet lost
	sow the decease	ed alive on	12:	196 U. ond	that deat	h accurred al	2:55	Mrom	the couses	and an	the dote	stated	labove
	22a S GNATURE	Ca. n	ru	lance	210	ATTENDING PHYS	MEI	D ECTOR []	STAFF PHYS			22	SIGNED
	22c PHYSICIAN'S NAME (Type)	V / / / / / / / /				22d. ADDRESS		Л	. 8	Last			1 10
	IANNE (Type)	DR. W. F.	WILL	IAMS.		Cu	ent	ent	are	MIX			
230	BUR AL CREMATION	N. 23b DATE THEREOF	230	NAME OF CEME	TERY OR CE	EMATORY		23d LOCAT	TION (City, taw	n, ar caun	ity)	(Sta	te)
	Burial	1/21/60	F	Rose Hi	ll Ce	metery		Cumb	erlan	d, M	aryla	nd	
24.	FUNERAL DIRECTOR'S			ADDRESS		250	REC'D	BY REGIST			S SIGNATUR		
	H. Wayn	e George	Cumb	erland,	Md.	DAT	TE SE GÉ	25 160	) (	lithur.	S. France	4	



within 72 hours after death. After this faneral director, the third copy of this

bogistrar by sales fi

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the certificate has been executed by the attending physician and completely filled in death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M T

DATE

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIEICATE DEATH 00064

December 276

0102	PICA	E OF DEA	Reg. D	ist. No
1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF DECEA	SED
COUNTY Allegeny	MARYLAND	STATE Md.	COUNTY A ]	ACANV
CITY (If outside corporate limits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this place)		rate limits, write RURAL and give	nearest town
TOWN McCoole	(at this place)	X TOWN McCoc	ala.	
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(if rural give loceti	on)
STREET ADDRESS HORE		N.M	iin	
3. NAME OF (First) (A	Aiddle)	(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print)	nond Pa	atchett	DEATH Jan.	22. 1960
5. SEX   6. COLOR OR   7. SINGLE, MARRIED	). 8. DATE			DER 1 YEAR IF UNDER 24 HRS
Male White (Specify) Wid	dowed Nov.	23.1874	85 yrs. Month	s Days Hours Min.
	OF BUSINESS NOUSTRY	13. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT
Retired Business Man	MD021K1	Hessenville,	Pa	U-S-A-
13. FATHER'S NAME		14. MOTHER'S MAIDEN		U a LI a P. a.
Arthur Patchett		Alice Mae	Hove	,5
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16.	SOCIAL SECURITY NO.	17. INFORMANT & /	ADDRESS	
(If Yas, give wegor datas of servica)	34-26-9841	Allen Pe	tchett.MeCoc	1 Md. (Son)
# DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		RTIFICATION	VVIII OU JIMO OU	INTERVAL BETWEEN
/ MAN X IMMEDIATE CAUSE (A)	1.612.11	eta		i'd ill Cake
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	phitis-	pyletety		3-444.
STATING UNDERLYING CAUSE LAST. DUE TO	Inter a face	this tom ton	1	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	1. 137 x 1/2 1. 371	a of Fria	tutz.	B 4, "64m,
190. DATE OF OPERATION 196, MAJOR FINDINGS O	F OPERATION	0		20.VAUTOPSY? YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCU	(City or town) (C	ounly) (State)
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21s. I White M. at ways		211. HOW DID MUURY OCCU	17	
22. I hereby certify that I attended the deceas	ed from	19.46 10 4	Tin 22 1966 the	t I last saw the deceased
		18:45 R. Ma the		
SIGNATURE ////	/		ESS (Street, city, town, stele)	DATE SIGNED
1 XIII	17 M.D. T	Cavser.W.Ve.		F23 60
23. BURIAL, CREMATION, - DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OF	R CREMATORY	LOCATION (City, fown, or con	unty) (Stets)
Buriel 1-25-60	Wallkill Y	Jalley_Cem-	Walden N.	Y
24. SECO BY REGISTRAR REGISTRARIS SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DAYE		the march of	1 175 1	7 7/3

m [ · · 4 8 4 · 2.3... .e.f 0

VS A15 (4) 15M 9/SB

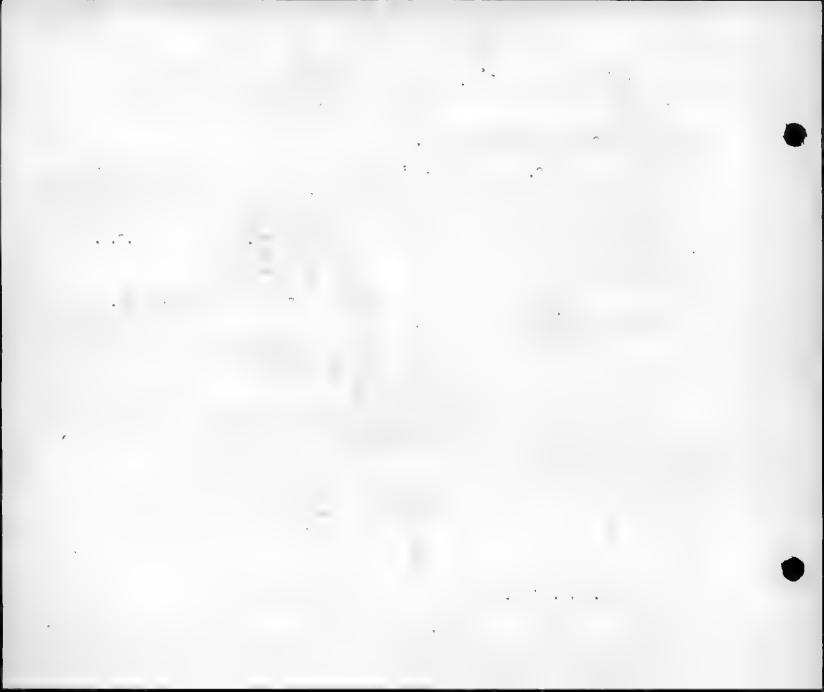
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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00065

		UU	149 CEKII	FICA	ALE OF L	EAII	7		Reg. Dis	t. No.	
1. PLACE OF DEATH 0. COUNTY ALLE	GANY		MARY	(LAND	2. USUAL RESIDED. STATE		here deceased l	ved. If institution b COUNTY	n: Residence		e admission)
b CITY OR TOWN RURAL and give	(if outside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b	c CITY OR T	OWN (If	outside corporo	e limits, write R	JRAL and g	ive nea	rest town)
CUMBERL			69 DAY	5	X CRESA	PTOWN	V				
OR INSTITUTION	HOSPITAL, CI				/d. STREET A	DDRESS					ON A FARM? YES NO X
3. NAME OF DECEASED	Fir	t	Middle	dea	Los		4. DATE OF	Mon	th	Day	y Year
(Type or print)	MRS.			PHIL	LIPS		DEATH	JAN		24	19 60
FEMALE	WHITE	WIDOWI		D 🔲	B DATE OF BIRTH	00		AGE (In years last birthday)  59 yrs.	-	Days	Hours Min.
100 USJAL OCCUPAT during most of wo HOUSEW	ION (Give kind af wark : Orking life, even if retired 11 fe	dane 10b.	KIND OF BUSINESS OF housew	or indus	STRY 11. BIRTHPL	TON.	or fareign cou	ntry)	12 CITIZ		WHAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S						
WILLIAM NE	AT				LOUIS	E DUC	CKWORTH				
15 WAS DECEASED EN	/ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	), [[	NFORMANT			Add	'ess		
				M	EMORIAL	HOSPI	ITAL, C	MBERLAN	ID, MD	•	
18. CAUSE OF D	EATH [Enter only one co	use per li	ne for (a), (b), and (c)	جر [		12	11.			INTE	RVAL BETWEEN ET AND DEATH
PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	)	Vic	che	come (	ful	Selles			0143	LI AND DEATH
420.1	DUE TO		13		, /	11	er.				
Conditions, if		1	Cotour	can 1	Un de	18 47.2	edech				
gove rise to couse (a), stating	immediate Dus To		1.1.								
lying cause last		}	Col Hills	Munn	(1)						
PART B. O	THER S. GNIFICANT CON	DITIONS (	Dulity	ATH BUT	NOT RELATED TO	THE TERM	INAL D SEASE (	CONDITION GIV	EN IN PART	7(a) 15	PERFORMED? YES NO
OR CONTRIBUTION	VAS UNDERLYING ☐ IG ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	O. (Enter nature a	Finjury in	Port I or Part II	of item 18 )			
20c TIME OF INJE			NJURY OCCURRED	20e. PL/	ACE OF INJURY (I	Home, farn	n, 20f (City o	r town)	(C	ounly)	(State
Haur o.m.	10	While of war	k ot wark		,	blug, eld					
21. Licertify 1	that I attended the	deceas	ed from OCI	!-	1953	. ta e	team	1960	that I la	st saw	the deceased
alive an	Len 24		and that	death	6	:23P	M. from th	e causes an	d an the	date	stated above
	Oloil		1 se					et, city or town,			PATE SIGNE
ACTUAL SIGNATURE	BI. Ideac	2711	Pluze Tis	1	M.D. /33/	12 Frets	win the	U.Z		/	1/2.6/60
	7,7		/ -	1	A	,	1 .	244			/
PHYSICIAN'S NAME (Type)	DR. G.O.HIM	MELWR	I GHT		120	220/15	dans 1	11/6			
220 BURIAL, CREMATI		)F	22c. NAME OF CEM	ETERY O	R CREMATORY			N (City, Iawn,	or county)		(State)
Burial (Specif	" 1-27-60	)	F'bg.Me	mori	lal Par	k	Fros	tburg,			Md.
23 FUNERAL DIRECTO			ADDRESS	24.2		240 REC	D BY REGISTRAN 2 8 '60		STRAR'S SIG		
Joseph	R. Durst,	Fr	ostburg,	Md.	•	DATE W	HIE E O OC	4	wind P	/ While	(A



death Page 4

mquires that the leath certificate be executell within 14 hour

ITENDING PHYSICIAN: The low

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	146 CEKTIFIC	LAIL	OF DEATE	1				
1. PLACE OF DEATH	,		USUAL RESIDENCE (V	Where deceased	lived. If institution	n: Residence b	efore admiss	iion)
ALLEGANY	MARYLA	IND	MARYLA	AND	B. COON11	ALLEGA	NY	
<ul> <li>CITY OR TOWN (If outside corporate limits, wi RURAL and give nearest town)</li> </ul>	c LENGTH OF STAY IN	1Ь	c CITY OR TOWN (If	f outside corpor	ote limits, write RU	RAL and give	nearest low	n)
CUMBERLAND	3 DAYS	- X	OLDTO	OWN				
d. NAME OF HOSPITAL (If not in hospital, give s	treet address)		d. STREET ADDRESS				e. IS RES	SIDENCE FARM?
OR INSTITUTION MEMORIAL HOSP MEMORIAL & WARWICK A	VES.						YES [2	
NAME OF First	Middle		Lost	4. DATE	Mont	n	Doy	Year
DECEASED	WIS HENE	237	PIPER	OF DEATH	JANUA		_	19 60
	MARRIED NEVER MARRIED		ATE OF BIRTH			IF UNDER TYE	de de	
	OWED DIVORCED		DD11 26		lost birthday)	Months Day	ys Hours	Min.
10a USUAL OCCUPATION (Give kind of work done				905		12 CITIZEN	OF WHAT	OUNTRY?
during most of working life, even if retired)	- 0 -		1					
Laborer 3. FATHER'S NAME	Farming & Ger		L MOTHER'S MAIDEN	WN, MD.		U.S	•A •	
	Labor	'	I. MUTHER 5 MAIDEN					
MICHAEL PIPER			<u>Elmira</u>		HAMILTON			
(Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17 INFOR			Addre			4 4 100
no		М	MORIAL HOS	<u>SPITAL,</u>	CUMBER	LAND,	MARYL	AND.
18 CAUSE OF DEATH [Enter only one couse	per line for (o), (b)-jand (c).]	0		-			NTERVAL BE	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	1200	en	in les	un.	per-		14	yes
4221 DUE TO		-	1	/	0 -			
Conditions, if any, which ) (b).	Myotar	the	les c b	Dien	myzens	100	6-	}
gove rise to immediate			-1		-0			
couse (o), stoting the under-	Miter	-10	seler	0-212			70	117
PART II OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	EN IN PART 1(c		AUTOPSY
JI W								DRMED?
200 ACCIDENT WAS UNDERLYING 17 20b.	DESCRIBE HOW INJURY OCC	URRED. /E	nter nature of injury ii	n Port I or Port	II of item 18 )		1 100	,,,,
OR CONTRIBUTING   CAUSE OF DEATH								
	od INJURY OCCURRED 20	De PLACE	OF INJURY (Home, for	206 (Cabu	ar tauni	(Coun	Parke	(Stote)
Hour o.m.	Vhile Not while		street, office bldg., e		o. Iowii)	(COON	113.7	(2.0(6)
p. m. 19 o	t work of work	- 4			-			
21. I certify that (I) (this haspfal) at	tended the deceased fr	am	1	9.4% to	Jan 28	T, 196C	that (1) (	we) last
saw the deceased alive an	- 2519 66 and th	hat deat	h accurred alg.	504, AMm	the causes and	d on the dr	ote stated	abave
220 SIGNATURE	)		ATTENDING		AT 1 PF		22	b. DATE SIGNED
clays.	Source	M.D.		MED. DIRECTOR	STAFF PHYS	1/29	1/60	3.0110
22c PHYS CIAN'S NAME (Type)			22d. ADDRESS	- 1	1	Land		0
Control (1)pe)	OUDDETT		236 VA. 6	way Cut	and the same		12x-c	1

UK CLAY E. DURRETT BURIAL, CREMAT ON, 235 DATE THEREOF

1/31/60

23c NAME OF CEMETERY OR CREMATORY El Bethel Cemetery 23d LOCATION (City, town, or county) Chaneysville, Pennsylvania

00066

24. FUNERAL DIRECTOR'S SIGNATURE

John J. Hafer, Cumberland, Maryland

25a. REC'D BY REGISTRAR DATEFER 4

256. REGISTRAR'S SIGNATURE Comme & France

TO HOSPITAL VR A15 (4) 15M 9/59



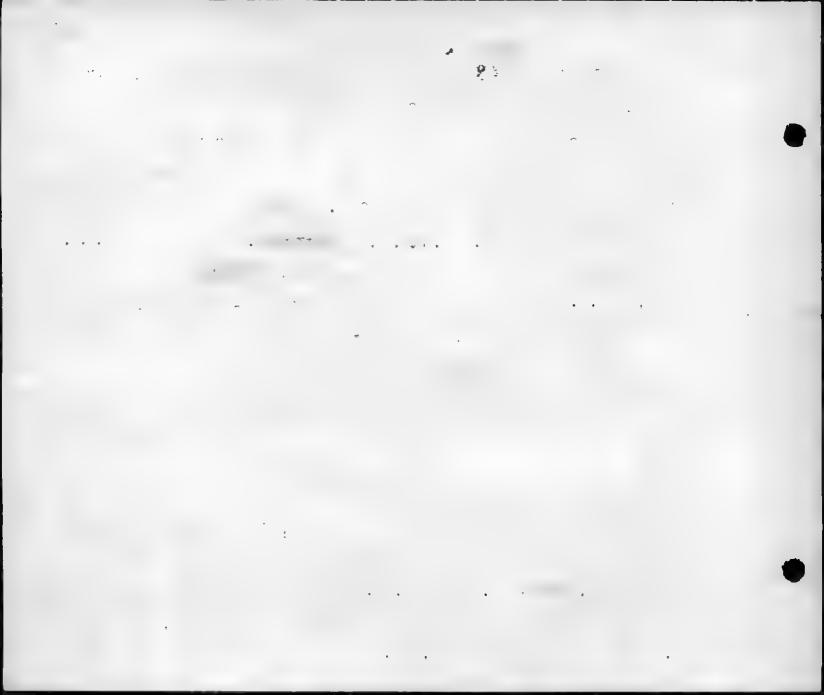
TO HOSPITAL

VR A15 (4) 1SM 9/59

**CERTIFICATE OF DEATH** 

0047

	1 PLACE OF DEATH o. COUNTY AL	LEGANY	MARYLA	II o STATE .	ENCE (Where decease MARYLAND	ed fived If institut a 5 COUNTY	ALLEGAN	are admission)				
	b. CITY OR TOWN (	If outside corporate fimits, writegress town)  AND	te c. LENGTH OF STAY IN		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	OR INSTITUTION	TAL (If not in hospital, give str IL HOSPITAL	eet address)	d. STREET AL	ODRESS 325 WILLIA	MS_STREET		e. IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF DECEASED (Type or print)	First LEW 1:	Middle S Ambrose	PRYOR Last	4. DATE OF DEAT	Mon- JANU	_	13 19 60				
	S. SEX MALE		NARRIED (X) NEVER MARRIED OWED (1) DIVORCED (			9. AGE (In years last birthday)	Months Days	R IF UNDER 24 HRS Hours Min.				
	100. USUAL OCCUPATI	ON (Give kind of work done) I			A2		12. CITIZEN C	OF WHAT COUNTRY				
)	RETIRED	Conductor	B. & O. R.R.	CO. Clini	MAIDEN NAME	Kentucky	U,	•S•A•				
	GEORGE 15. WAS DECEASEDED	GEORGE PRYOR  ELIZABETH Cogille  S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT										
	Yes, no, or unknown) Yes	(If her dish mot of goses of service)	IB. SOCIAL SECORITY NO.		HOSPITAL -	RWICK & M	EMORIAL ND, MARY	AVENUE				
	18 CAUSE OF DEATH [Enter anty one couse per line for (a), (b), and (c)]  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) He factive Factorian											
/	Canditions, if any, which) & Infectious hepatitis											
	gave rise to couse (a), stating lying cause lost		nassine ble	eding from	n esopha	geal wer	no i	24 days				
1	3 Wand	HER SIGNIFICANT CONDITION	ns contributing to DEATH	H BUT NOT RELATED TO	THE TERMINAL DISEA	ASE CONDITION GIV	'EN IN PART 1(o)	PERFORMEDS YES NO				
	20a ACCIDENT W	AS UNDERLYING 206. G CAUSE OF DEATH Y MEDICAL EXAMINER;	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or Pa	art II of item 18.)						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)  While Not while at work of twark of twark in the p.m. 19											
	21. I certify the		that (I) (we) las									
	saw the deced	figure .										
	22c. PHYSICIAN'S	nas 7. De	urs .	M.D PHYS  22d ADDRE	DIRECTOR L	STAFF PHYS		1/13/6				
	NAME (Type)	DR. Thomas	F. Lewis M.	D. Kte	l algor	quing a	unbarl	and Mig				
	23a BURIAL, CREMATO REMOVAL (Specify Rurial	236 DATE THEREOF 1/16/60	Rose Hill			ATION (City fown, o	Maryla	a <b>n d</b>				
	24 FUNERAL DIRECTOR		ADDRESS mberland, Mo	d.	25a. REC'D BY REG	STRAR 256 REGIS	STRAR'S SIGNATI Inthum &, M					



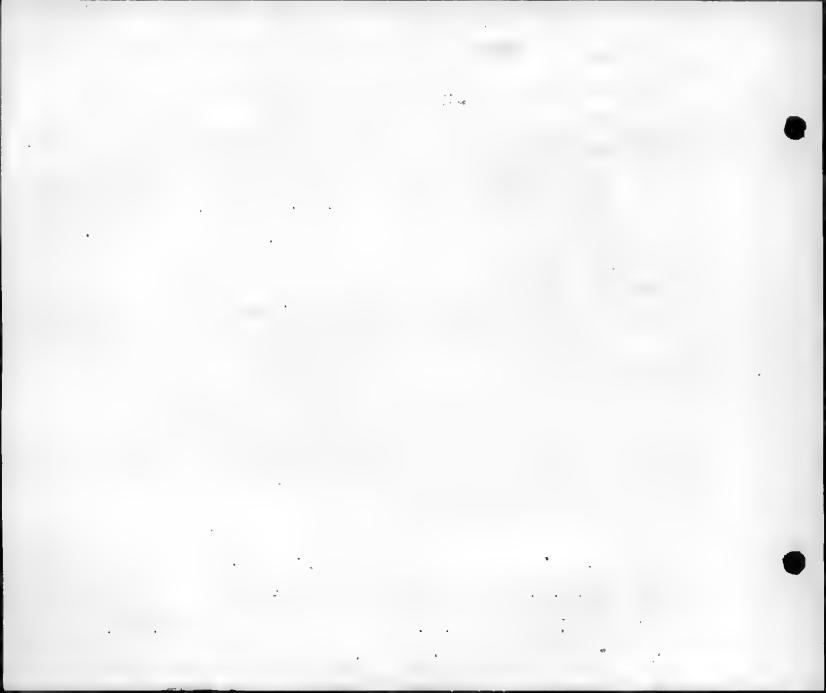
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may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remays\_carban papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, or remayal, and in any event within 72 hours after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL VS A15 (4) 1SM 9/SB

<u> </u>		0	049	CERTIF	ICA	TIE OF D	EAIF	1		Re	g. Dist. No	).		
1	PLACE OF DEATH	1.7	<del>0 2 0</del>	414844		2 USUAL RESID	ENCE (Wh	sere decease	d lived If instit		Residence befo	are admiss	ноп)	
	Allegany			MARYLA		Mary					Allega			
1	b. CITY OR TOWN (IF RURAL and give nec	autside carporate limits, v arest town)	vrile c. LEN	GTH OF STAY IN	116				orate limits, write	RURA	Land give ne	arest low	n)	
_	Cumberlar		5- 4 44			Oa Cumb		<u>d</u>				IS DE	IDENICE.	
d NAME OF HOSPITAL (If not in hospital, give street addre OR INSTITUTION			·	)		d. STREET A		et al.				e. IS RESIDENCE ON A FARM?		
_		eart Hospita			<u> </u>			Stree				1	NO X	
	NAME OF DECEASED (Type or print)	First		Middle		Losi		4. DATE OF DEATH	N	lanth		σу	Year	
_	SEX	6. COLOR OR RACE 7.	garet	LIEVER MARRIED		Qua: DATE OF BIRTH		DEATH	9 AGE (In year	. IES	JNDER I YEA		19 60 ER 24 HPS	
	To To	14/	DOWED []	DIVORCED	_		1879	2	lost birthday		onths Days	Haurs	Min.	
00	. USUAL OCCUPATIO	N (Give kind of work done		OF BUSINESS OR	,						12. CITIZEN O	F WHAT	OUNTRY	
during most af warking (ife_even if retired)			OW	n Home		W.	. Va.			ŀ	US	SA		
3.	FATHER'S NAME					14. MOTHER'S		_				7.0.7		
	John	Wolfe						Eli	zabeth	?				
		IN U. S. ARMED FORCES		SECURITY NO.	II.	IFORMANT			A	ddress				
,	No	· yes, give was an outles on service	Unkn	own		Pa	tient	's Cha	art					
	IB. CAUSE OF DEAT	TH [Enter anly ane cause	per line far (d	a), {b}, and (c).],		- 1	1.		/			ERVAL BE		
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  PART I DEATH WAS CAUSED BY:  OF THE PROPERTY OF THE												ONSET AND DEATH		
												,		
	Candilions, if an													
gave rise to immediate DUE TO														
lying cause last.   (c)   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN														
ZOII & DIE	PART II. OTHI	ER SIGNIFICANT CONDITI	ONS CONTRI	BUTING TO DEATI	H BUT	NOT RELATED TO	THE TERMI	NAL D SEAS	E CONDITION	SIVEN	IN PART 1(o)	PERFO	RMED?	
È	20g ACCIDENT WAS	E LINIDERI VINIC ITI TON	DESCRIBE M	OW INJURY OCC	LIBBER	/Enter nature of	Lauren in I	Part Los Par	et 11 of item 18 t		YES NO			
CER .	OR CONTRIBUTING	☐ CAUSE OF DEATHT	or DESCRIBE II			Terres florose di	mory at	rui Loi Loi	THE STATE OF THE S		_			
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (Ci Hour a.m. 19 While Not while at work at work at work 19 of work 1											[County	1	(Stote)	
SELECTION OF THE PERSON NAMED IN	Haur a.m			at while work	100	ory, sireor oraco	o ag , are	1						
	21. I certify the	at Lattended the de	eceased fro	m 1/2	4	19 60	, to	1/2	9 19	-,Tho	it I last sa	w the c	leceased	
	alive an	1/29	1960	_, and that d	eath	accurred at_		M, from	the causes	and c	e the dat	e stoted	d obove	
	7	X							treet, city or tav			DA	TE SIGNET	
	ACTUAL SIGNATURE	of will	1666	d		A.D.	41	1/2	(261 )			1/34	1612	
	PHYSICIAN'S NAME (Type)	Dr. S. G. W	eisman			Cili	in le	Ja.	. 1	Ui	1	/ /		
220		22 DATE THEREOF	,	NAME OF CEMETE	ERY OF	CREMATORY		22d LOCA	TION (City, taw	n, ar co	ounty)	(Sto	le)	
	REMOVAL (Specify)	TEM. 196		t. Luke			v		mberla	-		, , , ,		
3.	FUNERAL DIRECTOR'S	SIGNATURE	A	DDRESS				D BY REGIST			R'S SIGNATI	JRE		
	Byron :	Kight	Cumb	erland,	M	d.	DATER	2 '60	an	Lung ,	S. Krown			
=							754							



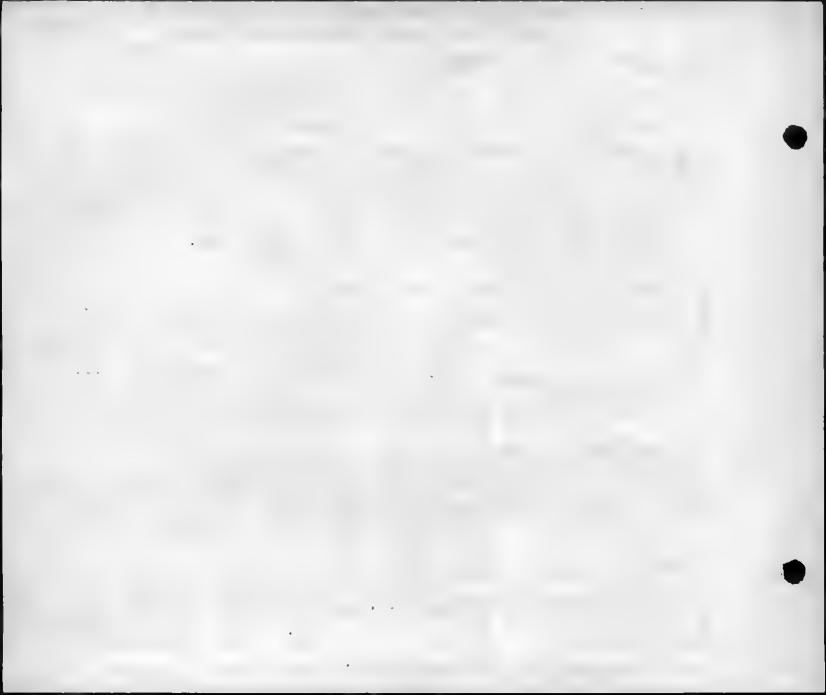
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VS. A15ME(5) 5M 9/5S 0

00069

Reg. Dist. No.

1	1. 1	o. county Allegany MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  o. STATE Maryland b. COUNTY Allegany									
	and give negreet town)			60 Years		e. CITY OR T			porate limits, write rland	RURAL a	and give nearest tawn)					
N <sup>0</sup>	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address)  Sacred Heart Hospital			d. STREET ADDRESS  601 Columbia Ave  9. IS RESIDENCE ON A FARM? YES   NOW]												
	3. NAME OF First DECEASED (Type or print) Mae		9	Middle Elizabe		th Reitmeie DEATH		Month January 2		21						
	5. SEX 6. COLOR OR RACE 7. MARRI Female White WIDOWE			ED NEVER MARRIED 8.		DATE OF BIRTH		9. AGE (In years last bythday) 60 yrs.	Months			ER 24 HRS. Min.				
	10a. USUAL OCCUPATION (Give kind of work done 10b. Kill during most of working life, even if retired) HOUSE WIIE			None	NOUSTR	Lona C			Md.	12. CI	TIZEN OF WHAT COUNTRY?					
***	13. FATHER'S NAME John Sloan					14. MOTHER'S MAIDEN NAME Elizabeth Hice										
	35. (Yau		R IN U. S. ARMED FOR If yet, give war or dates of se		None		ozmant an Reit	tmei	er, (	Address		Mc	l .			
		PART I. DEATH	derlying DUE TO	per line	Cerebra					sive ertensi	on	ONSE	7 AND DE	in		
7	MEDICAL CERTIFICATION		F WAS 20b		DATRIBUTING TO DEATH						'EN IN PA		PERFO	AUTOPSY IRMED?		
		20c. TIME OF INJURY Hour a. m. p. m.		While		PLACI factor	OF INJURY (Ho y, street, office b	ome, form, ildg., etc.)	20f. (City	or town)	{Co	ounty)		(State)		
					remains described  Accident  ,		. —	Autapsy micide		nspection [7], ndetermined c			and	find that		
i		ACTUAL BENECISCH Skitatelie M.D. CHIEF MEDICAL EXAMINER []  ASSISTANT MEDICAL EXAMINER []														
2 0	200		Benedict			D.	DEPUTY M	EDIÇAL E	XAMINER [	Jan_	22	19	60_			
	ZZO.	REMOVAL (Specify) Burial	Jan24 19		22c. NAME OF CEMETER Sunset Men					nberland		Md	(State	)		
	23.	FUNERAL DIRECTOR'S Byron K		C.	ADDRESS umberland	, ]	T 2		BY REGIST 2.5 '60		STRAR'S SI		E			



DATE JAN 7

Certhur S. Kraus

Cumberland, Md.

Wayne George

funeral should 25 2 Filled campi pup 49 offer physician ding gned FUNERAL DIRECTOR:

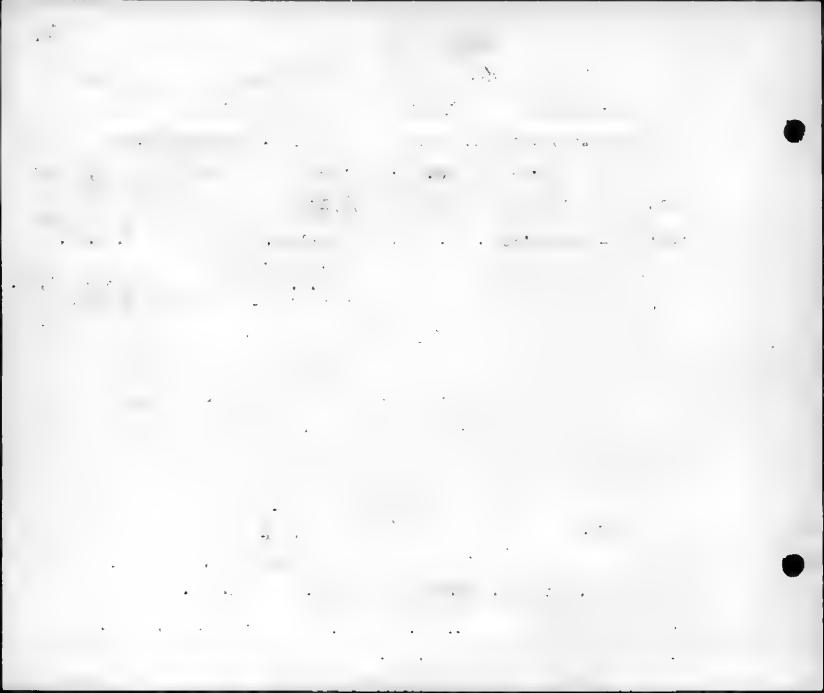
director

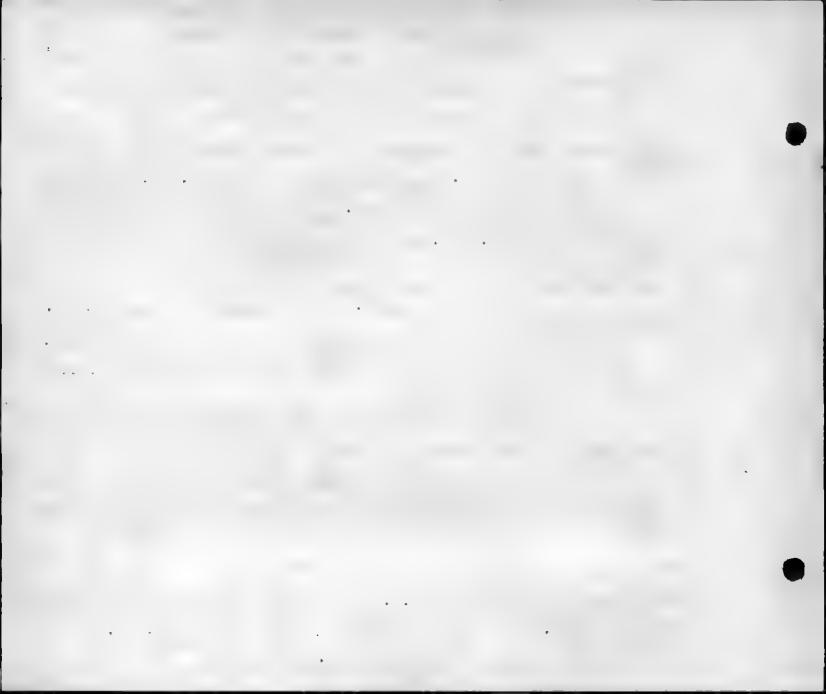
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PLACE OF DEATH

o. COUNTY

0 VS A15 (4) 15M 9/SB





BUR AL, CREMATION,
REMOVAL (Specify)
BUT 1 a I

23. FUNERAL DIRECTOR'S SIGNATURE

H. Wayne George

22b. DATE THEREOF

20th/60

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
		000	CERTIFIC	ATE OF DEATH	4 ,	Reg. Dist. No. 00072	
	PLACE OF DEATH		1	2. USUAL RESIDENCE (Wh	nere deceased lived. If institution		
		Allegany	MARYLAND	Maryl	and b. COUNTY	Allegany	
	RURAL and give	(If autside carparate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside carporate limits, write RUF	(AL and give nearest town)	
	Cumber]	Land	12/11/59	Cumbe	rland		
	OR INSTITUTION			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
	Alleg	gany County Ir	ıfirmary	301 F	ayette Street	YES NO	
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Year	
	(Type or print)	Mary	Helen	Robb	DEATH January	18, 1960	
	SEX		IED NEVER MARRIED	B. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.	
_	Female	White widow		1/6/1867	93 ya.		
100	<ul> <li>USUAL OCCUPAT during mast af wo</li> </ul>	ION (Give kind of work done 10b, rking life, even if retired)		'_	-	12. CITIZEN OF WHAT COUNTRY?	
_		ver worked)	None		nd, Maryland	U. S. A.	
13. FATHER'S NAME  Charles Robb  14. MOTHER'S MAIDEN NAME  JOSEPhine Wolfe							
				-			
15. {Ye	s, no, or unknown)	ER IN U. S. ARMED FORCES? 16.		INFORMANT P. C. BO		Cumberland, Md.	
_	No.			triegany con	nty Infirmary		
		ATH [Enter only one cause per li	te for (a), (b), and (c).]		00 . 4	INTERVAL BETWEEN	
	PAKI I. DE	IMMEDIATE CAUSE (a)	wonce 17	yourrelat	Degenerat	con malley	
	572	DUE TO	0	10 6.7	L. Y' ala	7	
	Candifians, if	ans, if any, which) (b) Solveteral Arterios Clerosio .					
	couse (a), stating	the under- DUE TO	Chi.	Suchel	1-	7	
7	lying couse last		CARTALA	rujerni	70		
CERTIFICATION	PAIT II. O	THER SIGNIFICANT CONDITIONS O	e Delter	orratio	NAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?	
	OR CONTRIBUTIN	AS UNDERLYING   206. DES G   CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURE	RED. (Enter nature of injury in I	Part I ar Part II of item 18.)		
Z	20c. TIME OF INJU	IRY Month, Day, Year 20d. II	VIURY OCCURRED 20e.	PLACE OF INJURY (Hame, farm	20f. (City or town)	(County) (State)	

22d LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

DATE JAN 21 '60

Cumberland, Maryland 24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

(State)

CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPORTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED?  YES \( \sum no \( \sum \)
CERTIF!	20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  P. m. 19 A while of wark of the order o
i	21. I certify that I attended the deceased from 12/11/59, 19 to 1/18/60, 19 that I last saw the deceased alive an 1/16/60, 19, and that death occurred a 10: 20 M from the causes and an the date stated above.
	ACTUAL SIGNATURE SIGNED & 72 Leaven 49 Greene St. 1/18/60
	PHYSICIAN'S Dr. James E. McLean Cumberland, Md.

Cemetery

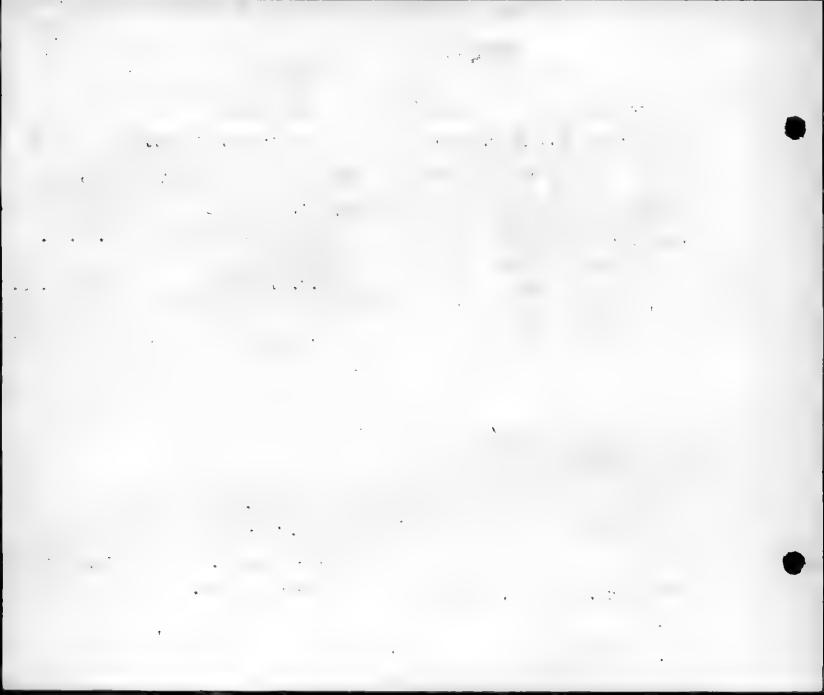
22c. NAME OF CEMETERY OR CREMATORY

Rose Hill

Cumberland, Maryland

ADDRESS

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

crematian 흔 may 40 Page to the Chief DIRECTOR: 1 forwarded to FUNERAL

2 5 2 5 VS. A15ME(5)



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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H	IE.	ALI	Ή	DE	PŢ
0.00	age	sth.		la Ai	7

PLACE OF DEATH a. COUNTY

MARYLAND

Maryland

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Rea. Dist. No.

			A.	lleg	anv	
b.			TOWN	( Foutride	corporate	tim
	C	ım	ber	land		

c. LENGTH OF STAY IN 16 7 vears

Allegany c. CITY OR TOWN (If auls de corporate limits, write RURAL and give nearest lown)

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

d. STREET ADDRESS 415 Mechanic Street

415 Mechanic Street, Cumberland IS RE LUNCE ON A FARM? YES NO NO

**************************************	HTC DFLEEF
NAME OF	First

Middle GERTRUDE

4. DATE DEATH January. 9. AGE (In years

30

CONGESTIVE HEART FAILURE

5. COUNTY

Yeor IF UNDER 24 HRS.

5 SFX Female

White

6. COLOR OR RACE | 7 MARRIED | NEVER MARRIED K | 8. DATE OF BIRTH DIVORCED May 9. 1929

Months Hours

(Type or print)

WIDOWED 100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)

Cumberland, maryla

12. CITIZEN OF WHAT COUNTRY? Cumberland, maryland USA

IF UNDER TYEAR

13. FATHER'S NAME

Henry \_ Rudolph\_

18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]

14. MOTHER'S MAIDEN NAME

Emma Elizabeth Rompf

John

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service)

17. INFORMANT

415 N. Add Mechanic Street Verna E. Rudolph Cumberland, Maryland

PART 1. DEATH WAS CAUSED BY: 0 0 1 X

IMMEDIATE CAUSE (0)

CHRONIC MYOCARDITIS

PULMONARY EDEMA:

2-3 Hrs.

INTERVAL SETWEEN DINSET AND DEATH

Canditians, if any, which gave rise to immediate cause (a), stating the underlying

DUF TO DUE TO

OBESITY, MARKED

YEARS. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED?

YES [

200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH.

20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.1

20c. TIME OF INJURY

couse fast,

Month, Doy, Year

Not white at work | ol work |

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, + 20f. (City or fown) factory, street, office bldg., etc.]

(County)

(Stole)

NO TX

21. I certify that I took charge of the remains described above, held an Autopsy . Inspection KI, Inquiry KI,

Hour a.m.

p. m.

opinion death resulted from: Natural causes 🔽, Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined manner 🗍

DATE SIGNED

(Stole)

ACTUAL SIGNATURE

Benedict Skitarelic. M.D.

ASSISTANT MEDICAL EXAMINER | DEPUTY MEDICAL EXAMINER 53

M.D. CHIEF MEDICAL EXAMINER

January 15, 1960

NAME (Type) 220. BURIAL CREMATION, 226 DATE THEREOF

Greenmount Cemetery

Cumberland, Maryland 240, REC'D BY REGISTRAR

246. REGISTRAILS SIGNATURE

22d LOCATION (City, town, or county)

23. FUNERAL DIRECTOR'S SIGNATURE

John J. Hafer, Cumberland, Maryland

22c NAME OF CEMETERY OR CREMATORY

DATE AN 2 0 '60

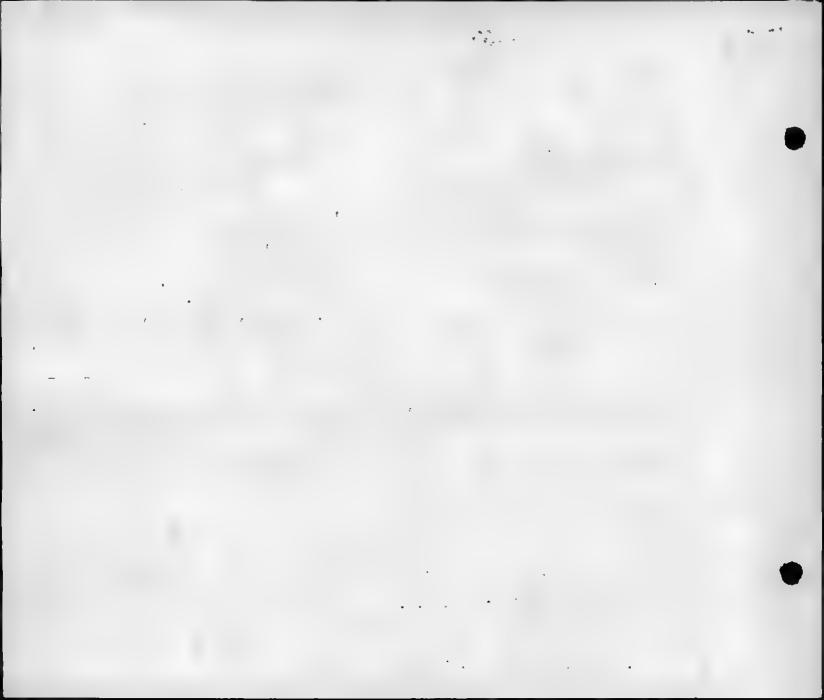
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shauld be forwarded FUNERAL DIRECTOR:



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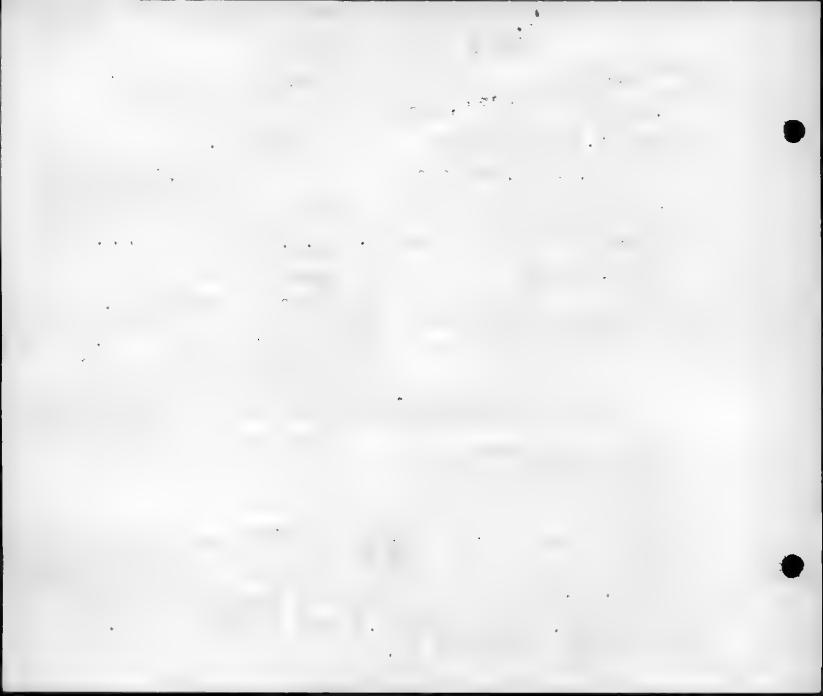
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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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01	U.	3	CER	TIFI	CA	TE	OF	DI	EΑ	Ti	

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	1. PLACE OF DEATH O. COUNTY ALLEGANY MARYLAND	2 USUAL RESIDER 0 STATE - LA VA	NCE (Where deceased lived	If institution: Residence I b. COUNTY ALLEGANY	before admission)
The second	b C TY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  CUMBERLAND  7 DAYS	c. CITY OR TO		mils, write RURAL and give	nearest town)
3	d NAME OF HOSP TAL (If not in haspital, give street address) OR INSTITUTION MEMORIAL AVE. MEMORIAL HOSPITAL	d STREET ADD	ATIONAL HWY.		e IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) MR. LEVI C. RIM RUSMISEL	Last	4. DATE OF DEATH	JAN.24	Day Year 19 60
	5. SEX MALE  6. COLOR OR RACE WHITE WIDOWED DIVORCED DIVORCED	8 DATE OF BIRTH 7/1/7	9. Ac	GE (in years IF UNDER 1 Y birthday) Manths Do	ear IF UNDER 24 HRS. ys Hours Min
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		E (State or foreign country		OF WHAT COUNTRY?
	Salesman Publishing C	14. MOTHER'S M		U.S.	1.
	John N. Rusmisel		Jane Ritt	.03	
4	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, IN	NFORMANT	valle MICI	Address	
	No	MEMORIAL	HOSPITAL, CU	MBERLAND, MD.	•
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Vouve	ardit		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which)	1	Pier S	4	_
	gove rise to immediate couse (o), stoling the under-lying cause lost.	artis	corde	rosing	~
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO TI	HETERMINAL DISEASE CON	NDITION GIVEN IN PART 1	o) 19. WAS AUTOPSY PERFORMED?
	ACCIDENT WAS UNDERWING TO JOHN DESCRIPT HOW BUILDY OCCUPANT				YES NO.
	OR CONTRIBUTING II CAUSE OF DEATH  U (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter noture of it	njury in Part I or Part II of	ilem (B.)	
		ACE OF INJURY (Ho ctory, street, office b	me, farm, 20f (City or to	wn) (Cos	nty) (Stote)
	21 I certify that (I) (this haspital) allended the deceased fram		9 19 10 1/2		, that (I) (we) last
	sow the deceased alive on /3 4/6 /9 , and that a	death accurred	at 9:45 PMom the	couses and an the d	ate stated above.
	1 1////////	M.D. PHYS.	MED ST	AFF	SIONED
1	NAME (TYDR. R/J.WILLIAMS	220 ADDRESS		Pand	Mal
	23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION	(C ty, tawn, or county)	(State)
	Burial Jan. 27, 1960 Sunset mem	. Park	Cumbe	rland, Md.	
	24 FUNERAL DIRECTOR'S SIGNATURE Byron Kight Cumberland, Md.	1	So. REC'D BY REGISTRAR	256 REGISTRAR'S SIGN.	
	T.1 z 4 z 17 z 2 z 2 z 2 z 2 z 2 z 2 z 2 z 2 z 2 z	0	ATE JAN 2 8 '60	Circling J. Ti	CALLE



VS A1S (4) 1SM 9/S8

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

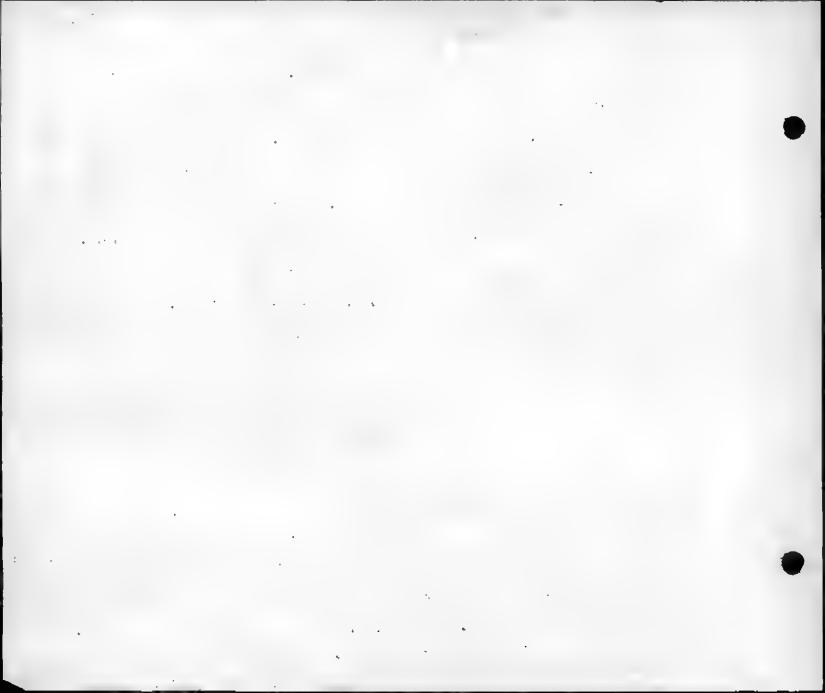
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1	1	7	-

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0094 CERTIFICATE OF DEATH

00076

	keg. Dist. No.
PLACE OF DEATH COUNTY Allerany MAR	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE Md. b. COUNTY Allegany
b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY	Y IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 45 Westernport
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION ROSS Ste	Rose St.   o. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle (Type or print) Daisy Louella	Ryan Lost 4. DATE Month Day Year OF DEATH Jan 18 1960
5. SEX Female  6. COLOR OR RACE White  7 MARRIED NEVER MARR WIDOWED DIVORCE	TO TO ION DIFFINGOY) Months Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OF Marking life, even if refired)  OWN Home	OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Virginia  U.S.A.
13. FATHER'S NAME Hugh Polk	14. MOTHER'S MAIDEN NAME Sylva Moomau
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. of unknown)	o. INFORMANT Address W. A. Ryan-Westernport, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c)  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost  [b]  DUE TO  [c]	interval Between onset and Death Shows
CCATIC	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? .  YES NO
	OCCURRED (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of work of work	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (Stote)
21. I certify that I attended the deceased from Jonalive an Jonathan 1860, 1960, and that ACTUAL SIGNATURE Paul Brillian 1860	18, 1960, ta Joh 18, 1960, that I last saw the deceased at death accurred at 5:00 f. M., from the causes and an the date stated above ADDRESS (Street, city or town, stote)  M.D. 111 Ashfield St. Presiment WV. 1-20-6
PHYSICIAN'S NAME (Type) POUR WISON M.	, O.
Burial 1-22-60 Conicvil	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Western	aport, Md. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE



Maryland

DATEN 1 8 160

aring & Kraus

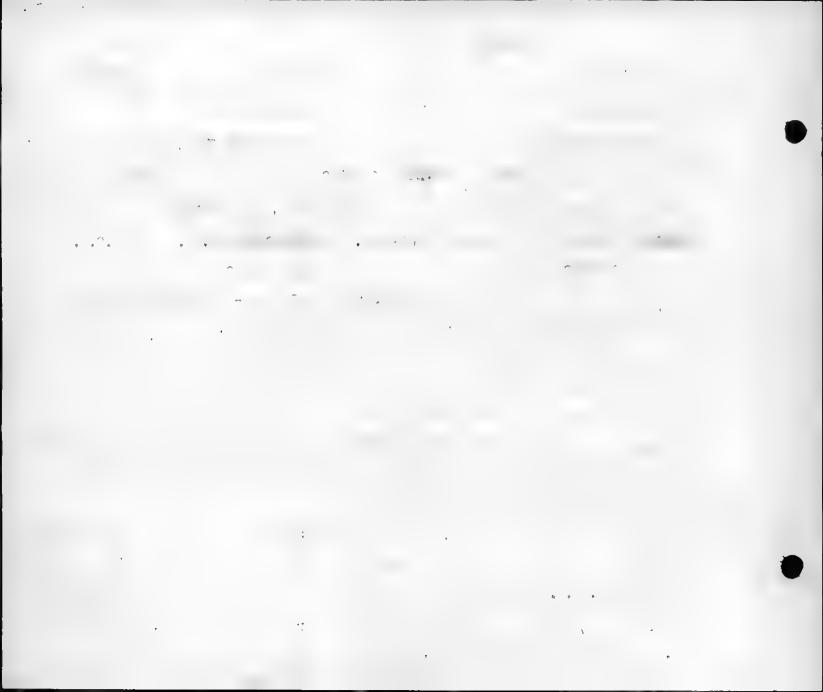
Cumberland,

Wayne George

VS A15 (4)

15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

MASE CERTIFICATE OF DEATH

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4	عاد	

death. Page

nay be retain, but the haspital or attending physicion.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physic on and campletely filled in by the funeral director and a shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be the burial, the print permit only event, within 12 hour, after death.

TTEMDINE SHYSTELAM: The law requires that the death certificate be executed within III flam HOSPITAL

0	EC	à.
VR	A15	(4)
15	M 9/	'59

`		UUJJ	tem	477	-4-0u pt		-		
	PLACE OF DEATH ALLEGANY		MARYLAI		STATE ARYLAND	here deceased lived	b. COUNTY ALLE	dence befare adm	ission)
	b CITY OR TOWN (If RURAL and give ne	autside corporate limits, wr	ite c. LENGTH OF STAY IN	1b c	CITY OR TOWN (IF	autside carporote li	mits, write RURAL ar	d give nearest to	wn}
	CUMBERLAND	·	39 DAYS	C	UMBERLAND	m =			
	d NAME OF HOSPITA	AL (If not in hospital, give st	reet address)		d. STREET ADDRESS	1			ESIDENCE
	MEMORTAL	HOSPITAL, MEI	MORIAL AVE.		615 GREENE	STREET			□ NO 🕻
3	NAME OF DECEASED (Type or print)	First JAMES	Middle JOSEP	Н	SHUGRUE	4. DATE OF DEATH	JANUARY	26	Year 19 60
S :	SEX	6. COLOR OR RACE 7. A	AARRIED . NEVER MARRIED	B. DA	TE OF BIRTH	9. AC		ER TYEAR IF UN	
	MALE	WHITE WID	OWED DIVORCED	0 0	CTOBER 20,	1897 6	2 yrs. Manth	s Days Hau	rs Min
10a	. USUAL OCCUPATIO	N (Give kind of wark dane	106 KIND OF BUSINESS OR I	-		-		ITIZEN OF WHA	T COUNTRY?
F	oreman in		Celanese Fib	ers.	Washing	ton, D.	C.	U. S.	4.
13.	FATHER'S NAME	Dept.		14.	MOTHER'S MAIDEN	NAME			
	JAME	S SHUGRUE			MARTHA W	ESTBROOK			
	WAS DECEASED EVER	IN U. S. ARMED FORCES? If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 217-10-4996	17, INFORA	MORIAL HOS	PITAL, C	Address UMBER LAND	, MD.	
	18. CAUSE OF DEA	TH [Enter only one cause p	er line far (a), (b), and (c).]					INTERVAL	BETWEEN ND DEATH
	PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	HEPATIC O	om	3			12	dows
	2 31	DUE TO			<u></u>				7
	Canditions, if or	ry, which ) (b) /	FLED HOLICE	SIRR	HO 515 1	DUER		22 41	noNS
	gove rise to in cause (o), stating I							7 /	
	lying couse last	(c)	95 CITES					166	VES
NO.	PART II OTH	ER SIGNIFICANT CONDITIC	ONS CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	MINAL DISEASE CON	ADITION GIVEN IN F	ART 1(o) 19. WA	S AUTOPSY
CA1	Urer	n12, C	ORONARY	10	RTERIC	SCLER	20515		□ NO <b>(*</b>
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 1 20b.  CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (En	ter nature of injury in	Part I or Part II af	item 1B }		
MEDICAL					F INJURY (Home, far		wn)	(County)	(State)
MED	Hour a.m.	19 VA	/hile Not while	igciory,	street, office bldg., et	E]			
		t (I) (this haspital) at	tended the deceased fro	am 6	c+ 7 1	59 to J.	4N Z6 19	60 that 13	\ (we) last
			25 1960 and th						
	220 SIGNATUR	0.000		di dedit	/ discorred or <u>123</u>	_ 1947 1110111 11110	cooses and on	110 0070 3101	22b, DATE
	100	under Ja	whom	M D.	ATTENDING A	AED. ST DIRECTOR PH	AFF IYS.		SIGNED
	22c AF SHCIAN'S NAME (Type)	77			22d ADDRESS		_		
	Tenna (sype)	DR. JACOBSON			50 PERSA	11NG 57	, CIMBE	RLAND	- MD
230	BUR AL, CREMATIO	N, 23b, DATE THEREOF	23c. NAME OF CEMETE		MATORY		(City, town, or count		rate)
	Buy't a Terry	1/29/60	Hillcrest	Bur	ial Park	Cumbe	rland, M		d
24	FUNERAL DIRECTOR		ADDRESS	r .a		D BY REGISTRAR	2Sb REGISTRAR'S		
	H. Wayne	e George C	umberland, N	Id.	DATEJA	N 2 9 '60	Chilling &	. Thank	



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TO HOSPITAL

VR A1S (4) 15M 9/59

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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		11128									
PLACE OF DEATH		<del>) U J U</del>	MARYLA	NAME OF THE PARTY	2. USUAL RESID	ENCE (Wh	ere deceased live	d. If instituti	on: Residence	before adr	mission)
	ALLEGANY					RYLAI			ALLEGA		
B. CITY OR TOWN (	f autside corparate limi sorest town)	its, write	c. LENGTH OF STAY IN				utside corporate	limits, write R	URAL ond gr	re nearest to	own)
CUMBERLA			13 HR. 29M	11 N	t CL	MBERI	_AND				
MEMORIA	L & WARWICH				d. STREET AL		INGDALE	STREET		10	RESIDENCE N A FARM? NO X
3 NAME OF	Fu		Middle		Last		4. DATE	Mor	th	Day	Yeor
(Type or print)	BAE	3Y	BOY		SIDA	WAY	OF DEATH	JANU	ARY	31	1960
S SEX	6 COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	OK) B	DATE OF BIRTH		9. A	GE (In years		YEAR IF UI	NDER 24 HR
MALE	WHITE	WIDOWED	_		JANUARY	31.19	960	st birthdoy) yrs	Months D	Days Hau	" 29
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR					y)	12 CITIZI	EN OF WHA	AT COUNTRY
during most of wor	king life, even if retired	}			CUME	BERLAN	ND, MD.		U.	S.A.	
13. FATHER'S NAME					14 MOTHER'S						
ALFRE	D L. SIDAWA	Y JR.			EN	IZIEN	1. DAWSO	N			
15. WAS DECEASED EVE			OCIAL SECURITY NO.	17 INI	FORMANT			Add	ress		
NO NO	(If yes, give war or dates of s	J. J	Vone	ME,	MORIAL H	IOSP 1	TAL	CUM	BERLAN	D, MAI	RYLAND
	ATH [Enter only one co	ouse per line	for (a) (b), and (c).]	4						INTERVAL ONSET A	BETWEEN NO DEATH
	TH WAS CAUSED BY IMMEDIATE CAUSE (C	)	Olyan	/ vd	J -						
- A.	DUE TO	,	- 0 -		-	1	ے				
Conditions, if a	ny, which )		Bilolia	l.	Wall	ula	Sus				
gove rise to i	mmediate ( DUE TO		7		-0-	,					
couse (a), stating lying couse last.	The <u>Under-</u>	-1	mind	- a D	Im Kin						
PART II. OTI			ONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO	THE TERM!	NAL DISEASE CO	NDITION GIV	EN IN PART	PEI	RFORMED?
5 466100117111		ant press	DIRECTION OF THE PARTY OF	2110850	15		and the Best Ho	6 No. 10 N		TES	☐ NO [
OR CONTRIBUTING	AS UNDERLYING [] GOVERNMENT GOVER	200. DESC	RIBE HOW INJURY OCC	LUKKED	, (Enler noture of	INJURY IN I	PORTION FOR II O	r (rem to )			
3 20c. TIME OF INJUS	Y Month, Doy, Ye		JURY OCCURRED 2		CE OF INJURY (			own)	(Co	ounty]	(State
20c. TIME OF INJUR	19	While of work	Not while	roct	tory, street, office	blog., elc	· J [				
	at (I) (this hospita	1) attende	ed the deceased fr	rom		12	, .ta		19	_, that (!	) (we) la
saw the decea	sed-alive an	1	19 ond t	hat de	eath occurred	at 8:3					
220 SIGNATURE	D.	10~			1	7					22b, DATE
	Thelle	_1 1	Jauli	N	A.D. PHYS.		ED. S RECTOR P	TAFF HYS.			SIGNE
22c. PHYSICIAN'S NAME (Type)	DR. RANSE	M LEW	IS MOULD		22d. ADDRE	SS					
230 BURIAL, CREMATIC	ON, 236 DATE THEREC	DF.	23c NAME OF CEMET	ERY OR	CREMATORY		23d LOCATION	(City, fown,	or county)	ľ	State)
REMOVAL (Specify Buria	3 0 T 00	)	Rose Hil				Cumber				
24 FUNERAL DIRECTOR			ADDRESS			2So REC'	D BY REGISTRAR		STRAR'S SIGN		
James	F. Scar	elli	Cumberla	nd.	Md.	DATE	B 1 6 '60	a.	Thur S. 9	truck	



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DOE M CEPTIFICATE OF DEATH

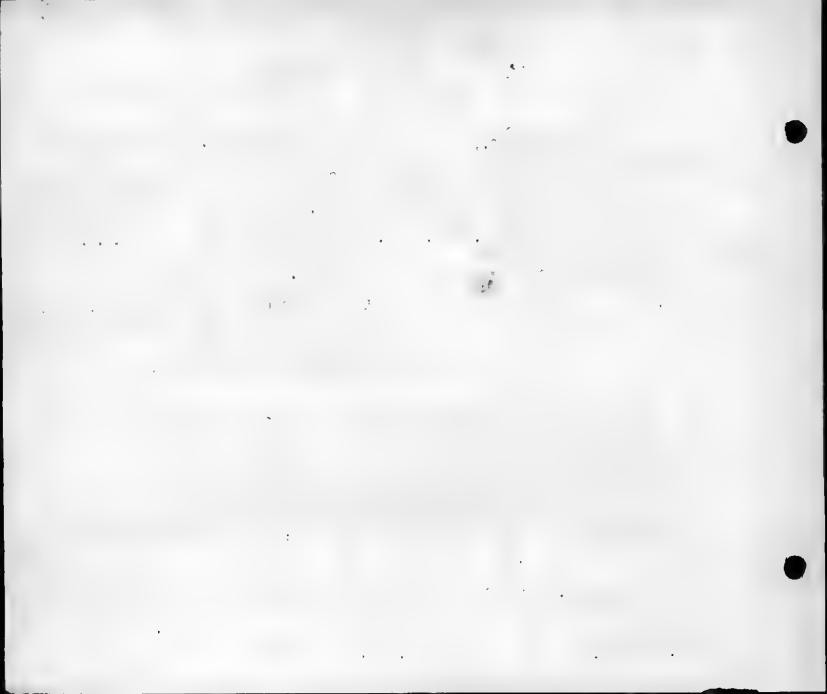
			UU	O / CERTIFI		IL OI DEA!	·				
1	PLACE OF DEATH O COUNTY ALLEGA	NY	,	MARYL	AND	2. USUAL RESIDENCE G. STATE MARYLANI		sed lived. If ins b. COU		dence before a	dmission)
	b CITY OR TOWN	if outside corporate limit	s, write	LENGTH OF STAY IN	N 15	c CITY OR TOWN	If outside con	porate limits, wr	ite RURAL or	nd give nearest	l lown)
	RURAL and give of			2 DAYS	}	C CUMBERL	ND				
	OR INSTITUTION ME MOR 1 A 1	MEMORIAL F	OSP T	XE"		422 BAL	IMORE	AVE.,		0	S RESIDENCE ON A FARM? ES NO K
3.	NAME OF	Fire	st	Middle		Last	4. DATE		Month	Doy	Year
	DECEASED (Type or print)	RA	YMOND	John		SMITH	DEAT	H JA	NUARY	5	19 60
5	SEX	6 COLOR OR RACE	7. MARRIE	D NEVER MARRIED		8 DATE OF BIRTH		9 AGE (In y	ears IF JND	DER 1 YEAR IF	
	MALE	WHITE	WIDOWED	DIVORCED		MAY 24, 1	911	lost birthd	yrs   Manth	ns Doys H	lours Min.
0e	. USUAL OCCUPAT	ON (Give kind of wark of	dane 10b, K	IND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (S	ole ar foreign	country)	12.0	CITIZEN OF WI	HAT COUNTRY
3)	lerk to	rking life, even if refired; Chief dist	at B	. & O. R	wy.	Cumber	lanWAF	RYLAND		U.S.A.	
13.	FATHER'S NAME	cı	ier-			14. MOTHER'S MAIDE	N NAME				
	JOHN	WILLIAM SMI	TH .			CORA H.	JENKIN	NS.			
	WAS DECEASED EV	ER IN J 5 ARMED FOR (If yes give war or dates of se	CEC2 14	AL SECURITY NO	17 IN	FORMANT			Address		
1.0	No,	(it yes give not or both or si	214	-05-595 <b>6</b>		MEMORIAL_HO	SPITAL		CUMBER	RLAND,_	MARYLAI
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE to	1/10	for (0), (6), and (c).]	: 1	Lan Dais	P. fr.	lenn		INTERV	AL BETWEEN AND DEATH
	410X	DUE TO		7. []	/	1/		101	/		
	Conditions, if		11/4	1201/10	12	CPALL FREE	I P	( When	0.1112	4	
	Couse (a), stating			•							
7	lying couse lost	(c									
CATION	PAT 11 0	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TE	RMINAL DISE	ASE CONDITION	1 OIAEN IN E	P	PERFORMEDY
FICA	100	ver Red	- The		45	a Ling riche	62360	En Ou	12/2-	- SC YE	ES NO Z
L CERTIFI	OR CONTRIBUTION	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OC	CURRE	(Enter nature of injury	in Port 1 or F	ort 71 of item 18	)		
MEDICAL	20c. TIME OF !NJU Haur a.m.	RY Month, Day, Yes	While	Not while	20e. PL/ foc	ACE OF INJURY (Home, tary, street, affice bldg.,	etc.) 20f (C	ity or lown)		(County)	(Stote
×	р. т.	19	of wark	of work		17		-/-	110		
	21 1 certify th	at (I) (this haspital	) oftende	d the deceased f	ram.	11/4/08.	12 , .ta		(_ (2/L), 19	9, that	(1) (we) Tas
	saw the desec	sed alive an L	17.16	D_19 and t	that d	leath accurred at	10AMra	n the cause	s and an	the date st	
,	226 SIGN TURE	17/1/21	1220	2,2,6 gr		M.D PHYS.	MED DIRECTOR [	STAFF PHYS		,	276. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type)	CHARD J. WIL	LIAMS			23d ADDRESS	Lus	6	1	2%	1
236		ON, 23b. DATE THEREC		23c NAME OF CEMEN	TERY O		23d LOC	ATION (City to	Wh. os count	IVI	(State)
-50	REMOVAL (Specify	1/7/60				rial Park		mberla		laryla	
24	FUNERAL DIRECTO			ADDRESS	- M. O		EC'D BY REG			SIGNATURE	
	Charles	L. George	e · Cu	mberland	. M	d. DATE			arilun .	- 11	
		U			-	VAIG	PALIT I	00	The house of	ia, roperopia	

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour remove carban papers. Pages 1 may be retain to 3 the hospital at attending physician.

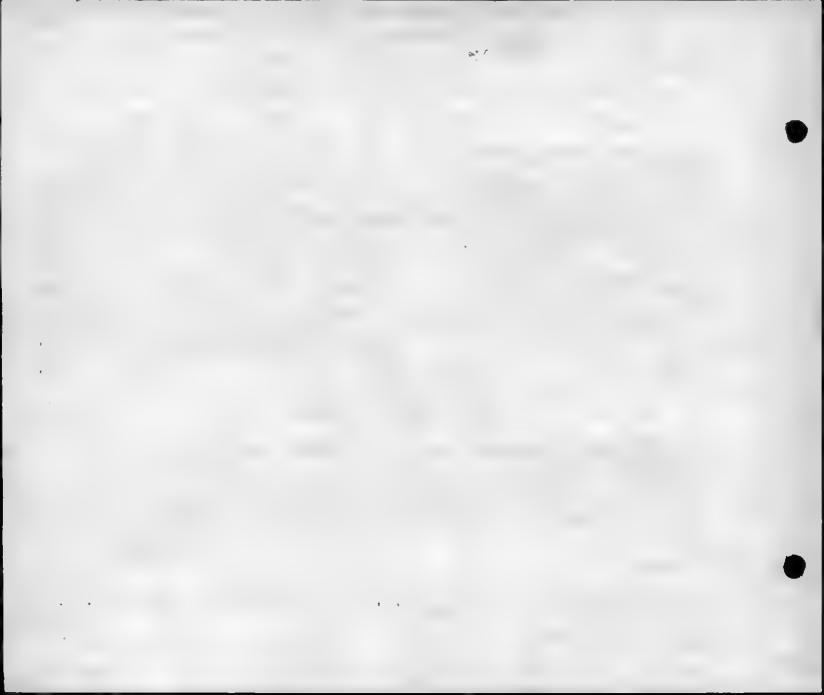
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician page 3 should be detached for use as the burial transit permit. Then please remove gath

VR A15 (4) 15M 9/59

and campletely filled in by the funeral director, ban papers. Pages 1 and 2 should be filed with



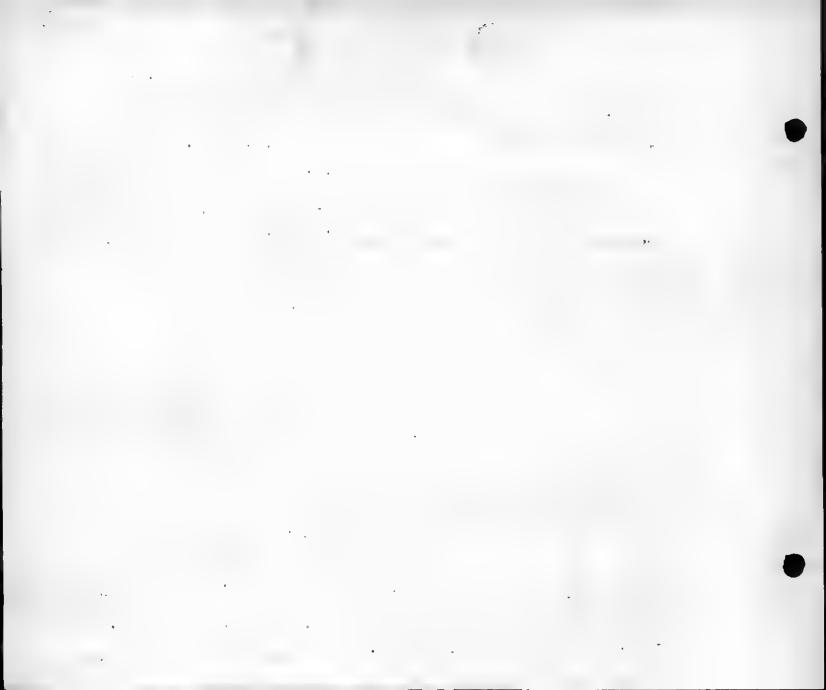
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/98

	0.0	59 CERTIFICA	ATE OF DEATH	1	00081 Reg. Dist. No.						
	PLACE OF DEATH				ion Residence before admission)						
	o. COUNTY Allegany	MARYLAND	o STATE Marvl	and b. COUNTY	Allegany						
	b. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write l	RURAL ond give negrest town)						
	RURAL and give rearest town) Cumberland	2 days	02 Cum	02 Cumberland							
ŀ	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	t address)	d. STREET ADDRESS	ID61 Lata	e. IS RESIDENCE						
	Sacred Heart Hospital		/ 8	Centre St.	ON A FARM? YES NO W						
Ė	NAME OF First	Middle	Lost	4. DATE Mo	nth Day Yeor						
1	DECEASED (Type or origin)		Somerville	OF DEATH 3	17 1960						
ŀ	anes	RRIED NEVER MARRIED TO	8. DATE OF BIRTH	9. AGE (In years							
	Mara Washa	VED DIVORCED		lost birthday)	Months Days Hours Min						
-	100. USUAL OCCUPATION (Give kind of work done 10		3-10-1905	54 yrs.	12. CITIZEN OF WHAT COUNTRY						
П	during most of working life, even if retired)		11								
-	Laborer	Constructi			U.S.A.						
-[	**		14. MOTHER'S MAIDEN N								
	Douglas Sommerville			Valker) Sommer							
- [	(Yas, no, or unknown) (If yes, give war or dotes of service)		NFORMANT	Add	dress						
	No	14 07 0623	Pt'schart.								
1	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]										
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Unter Pul	monan Ele	4.6	ONSET AND DEATH						
1	422.2 DUE TO		1		•						
	Conditions, if any, which ) (b)	mu oceans.	it Dewen	entin	1-2mm						
1	gove rise to immediate couse (a), stating the under-										
	lying couse last. (c)										
	PART IL OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8UT	NOT RELATED TO THE TERMIN	NAL D SEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
	S Paga III	and the same	Kilotin O march	Mandala	YES NO						
	PART II. OTHER SIGNIF.CANT CONDITIONS  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	art I ar Part II of item 18.)							
1	OR CONTRIBUTING CAUSE OF DEATH										
		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (City ar town)	(County) (State						
1	Hour o.m. Whi	e Not while ta	ctary, street, affice bldg., etc.	)							
1			2060	1 10 1061	Ash ash has all the						
1	21. I certify that I attended the decer			E36.4	that I last saw the decease						
	alive an	(a.C, and that death		M, fram the causes at ADDRESS (Street, city or town,	nd an the date stated above						
,	ACTUAL SIGNATURE William	21		B	,,						
/	SIGNATURE CO ALLICALIA	1- Januar	м.р. Чиг	M Chile IT	1-17-6						
	PHYSICIAN'S NAME (Type)	m P I amos	P	1 10	4 -0 .						
-			Cun								
1	Burial, CREMATION, 22b. DATE THEREOF  1/20/1960	Zion Memor:		22d. LOCATION (City, town,	**						
-				Cumberland							
12	Byron Kight Cu	mberland, Md	•		ISTRAR'S SIGNATURE						
			DATE JA	IN 21 '60   C	What S. Trans						

MARYLAND STATE DEPARTMENT OF HEALTH\_RAITIMORE 18



Sease	shou		Cremi
essony, please	Page 4	-	burial,
9			10
AL EARMINEK: This certificate should be executed within 24 hours offer death. It any delay	et. Je, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 show	our files.	1 DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crein
ony	fun	or yo	reg
<u> </u>	the c	ed f	h the
deoli	d 3 tc	retain	2 with
offer	2, 91	<u>۾</u>	puo
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1	12	the (	RECI
i da	e.	0	10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00082 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTY Allegany o. SIME ry land Allegany MARYLAND b. CITY OR TOWN (If outside corporate finish, write RURAL 653 c. LENGTH OF STAY IN 1b c. City OR TOWN (If outside carparate limits, write RURAL and give negrest town) an Cumberland 50yrs Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 504 Prince George Street 504 Prince George Street YES NO E 3. NAME OF 4. DATE Middle Year DECEASED OF DEATH 1960 (Type or print) Henry Clifford Spiker January I3. 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours WIDOWED [7] DIVORCED [ Nov. IO. 1896 Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Ten Maile. W.Va. USA Wholesale Drug ICo Salesman 13. FATHER'S NAME LA MOTHER'S MAIDEN NAME George H. Spiker Ellen Casto Dora IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Lary K. Spiker 504 Prince George St. -Na 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Sudden PART I. DEATH WAS CAUSED BY: Occlusion Coronary IMMEDIATE CAUSE (o) 420.1 DUE TO Coronary Sclerosis \*---Conditions, if ony, which ! gave rise to immediate cause DUE TO (o), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? 1 NO I 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while at work of work p m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection XI, Inquiry X and find that deoth resulted from: Notural causes 17. Accident 7. Suicide 7. Homicide 7. Undetermined couse 7. ACTUAL SIGNATURE **DATE SIGNED** CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER cute the ce forwarded D FUNERAL **EXAMINER'S** Benedict Skitarelic, M.D. January 13, 1960 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 2 T-T6-60Burial Mary Cem-Cumberland Maryland **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Scarpelli Cumber Land . Md. VS. A1SME(S) DATE N 1 5 '60 Orthur & House 5M 9/55

VS A1S (4) 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00083

OORS CERTIFICATE OF DEATH Reg. Dist. No.

			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )										
1, PLACE OF DEATH				RYLAND	o. STATE		_	lived If institution b. COUNT		e before	admission)		
	Legany (If outside corporate limi	its write	c. LENGTH OF ST		+	Maryl:		rote limits, write	Alleg	any	st town)		
RURAL and give	nearest town)	12, *******	25 yr			stbu:		TOTE INIMIS, WITH	ABANE ONO B	pro nouto	<i>a</i> , 10444,		
Frostbul	TEAL (If not in hospital, ;	ive street	1 0 1	3 .	, d. STREET		- 8			1-	IS RESIDENC		
OR INSTITUTION	nanic Stre		0 (44.44)										
							_				res No [		
3. NAME OF DECEASED (Type or print)	Theodore	181	Mid	R.	S. to mana		4. DATE OF DEATH	Mo	nth	Day 23	Yeor		
S. SEX	6. COLOR OR RACE	7			Stampe B. DATE OF BIRT		DEATH	9. AGE (In yeon	HELINDER		19 6		
M M	6. COLOR OR RACE		NEVER MAI	_				lost birthday)	Months	$\overline{}$	lours Mir		
	ION (Give kind of work	WIDOW			[[2-25-]		or foreign s	59 yrs		TENI OE W	HAT COUNT		
during most of wo	orking life, even if retired	)						* .					
Railroad	Етргоуее	E	& O. R	• IX •	Erir	- 3	nness	66		U.S.	A.		
about 15					14. MOTHER	2 WAIDEN	ist						
Ned Stan		anen I.				y(unl	mown	)	1				
(Yes, no, or unknown)	/ER IN U. S. ARMED FOR Little year, given wor or dottes of a	ervice]_		777	INFORMANT			Ad	aressFro	stbu	rg, Md		
No	None	41	2-01-900	$\mathcal{F}_{\mathbf{G}}$	arnell	L. St	tampe	r, 158	Mech				
	EATH [Enter only one co	use per li	ne for (a), (b) and	(c) ] D.	. 1)			0 1			AL BETWEEN		
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	)	(er	ev	vac.	de	cc	dens		/	day		
443X	DUE TO	-	1 . 7	1	0	4 .0		, ,		1	*		
Conditions, if		1 2	effor a	2mar	ve la	-value	アグセロ	- C2 /1	Lalona	. 7	Land		
gove rise to couse (o), statin			011										
lying couse los		)											
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO	DEATH BU	T NOT RELATED T	O THE TERMI	NAL DISEAS	E CONDITION G	IYEN IN PAR	T 1(o) 19.	WAS AUTOP PERFORMED?		
<u> </u>										١	ES NO		
200 ACCIDENT V	VAS UNDERLYING  GCAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURR	ED (Enter noture	of injury in I	Port I or Par	t () of item 1B }					
	Y MEDICAL EXAMINER)												
20c TIME OF INJU		ar 20d. II While	NJURY OCCURRED	20e. Pl	LACE OF INJURY actory, street, office	(Home, form	, 20f. (City	or lown)	((	County)	(Ste		
p. m	10	of wor	k of work										
21. I certify	that I attended the	deceas	ed framSZ	eb-	. 19,5 :	5, ta 10	m.2	3- 1962	ahat I la	st saw	the decea		
alive an	mw ZZ	, 19	/ /		h accurred a	2:000	M. fram						
	00	P	C +					treet, city or tows			DATE SIGE		
ACTUAL SIGNATURE	John	D,	town	Zu ,	M.D.	07 K	SPO	A duis	Y FR	05/6	4K9 hold		
	, ,	(	) h.	1	^				7		7),		
PHYSICIAN'S NAME (Type)	JOHY	1 1	S. DAV	15,1	11. U,								
220. BURIAL, CREMAT		)F	22c, NAME OF C	EMETERY (	OR CREMATORY		22d. LOCA	TION (City, town	or county)		(Stote)		
REMOVAL (Special		60	Frostby	re i	emoria	7 Par	Fr.	ostburg	ξ		Md.		
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	-			D BY REGIST	TRAR 24b. REC	SISTRAR'S SIG	GNATURE			
Beulah H 2	Uniterant 31	r F	uneral H			DATE JA	IN 2 9 '	60 6	Lithur 8	House	1		
			ros	toui	g,bid.								



TO HOSPITAL Q

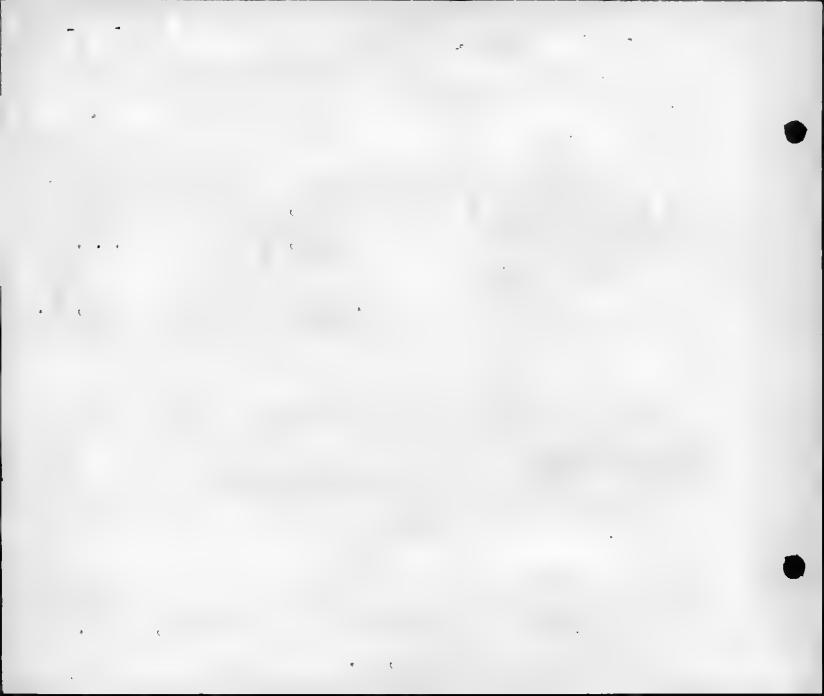
VS A15 (4) 15M 10/57

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Chillian S. Thous

		VV	3.2						teg. Dist.	No.	
1. PLACE OF DEA o. COUNTY	"Allegany		мануал	- 11	USUAL RESIDENCE (	land		If institution: COUNTY		gany	ssion)
Frostb	WN (If outside corporate limits ave pagrest lown)	, write	c. LENGTH OF STAY IN 1	b )	e. CITY OR TOWN (I	f outside co		s, write RUR	AL and give	nearest tow	vn]
d. NAME OF H	Shospital (If not in hospital, given the spital)	e street c	oddress)		d. STREET ADDRESS  Dudl	ey St	reet			ON.	SIDENCE A FARM?
3. NAME OF (Type or print)	Ella First		Middle	St	arkey	4. DAT OF DEA		anua	ry	<sup>Day</sup> 28	Yeor 19 60
Female	White	WIDOWE		A		1877	10.18	2 . 2	Months Da		
House	IPATION (Give kind of work do if working life, even if retired) WOLK		wn Home	DUSTRY	Pekin,	_				N OF WHA	T COUNTRY
13. FATHER'S NAM				1	4. MOTHER'S MAIDEN						
	William Ker					a Tre	neum				
15, WAS DECEASE (Yes, no. or unknown)	DEVER IN U. S. ARMED FORC			Mrs	. Thomas	Johr	son	Addres LOI	nacon	ing,	Md.
	F DEATH [Enter only one coult. DEATH WAS CAUSED 8Y.	se per lin	e for (a), (b), and (c).)	Cu.	aughter"	2.4	-1	2	1	INTERVAL 8	BETWEEN O DEATH
3317	IMMEDIATE CAUSE (o)_	<u></u>	LE GREEK !	CEXIL	was_	XXXX	Nena	<u> </u>		04 T	VICTOR
	, if ony, which ) (b)_	( 1/2)	rtenosch.	125	25.					Lion	ers
	to immediate DUE TO	4	y serten	s C	·~					yea	1 \$
PART !	. OTHER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	MINAL DISE	ASE CONDI	TION GIVEN	I IN PART 1(	ol IN WAS	AUTOPSY ORMED?
	IT WAS UNDERLYING THE STING TO CAUSE OF DEATH OTHER MEDICAL EXAMINER)	ЮЬ. DESC	RIBE HOW INJURY OCCU	RRED. (E	nter noture of injury i	n Port 1 or I	ort II of ite	m 18.)			
Hour o	NJURY Month, Day, Year o. m. 19	20d. IN While of work	Not while	PLACE	OF INJURY (Home, to , street, office bldg., ,	erm, 20f. ((	ily or lown	,	(Cour	ity)	(Stole)
21. I certif	that I attended the a	leceose	ed from		. 1959 to	on	28	160	that I last	t saw the	decease
alive on_	Jan 27	, 12 (	_	oth ac	curred at 2						
ACTUAL	Ø . 0 - 0	1	10.					or lown, sto			LZ 6
SIGNATURE_ PHYSICIAN'S NAME (Type)	LESLIE R.	Mi	-ES JR. A	1.D.	L	nac	on	wg.		m	d.
220. BURIAL, CREA			Memorial	Pa	EMATORY PK	22d. LO	rost	burg,	county)	Md.	ote)
23. FUNERAL DIRE	Eichhorn	1	ADDRESS Lonaconing	M		C'D BY REG	ISTRAR 2		RAR'S SIGNA		

Lonaconing, Md.



VS A15 (4) 15M 9/S5 X

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0067 CERTIFICATE OF DEATH

1. PLACE OF DEATH b. COUNTY			o. STATE	SIDENCE (Where		red. If institution b. COUNTY			
	Legany	MARYLA		Maryl				gany	
B. CITY OR TOWN RURAL and give	(If outside corporate limits, wi learest town)		16 c. CITY OI	TOWN (If outs		i limits, write Rl	URAL and give	e nearest (	own)
Cumber.		38 yrs.	02	Cumbe	rland				
OR INSTITUTION	ITAL (If not in hospital, give si	(reet oddress)	d STREET					e. 15 l	RESIDENCE I A FARM?
136 F	Humbird St.		/	136 H	umbir	d St.		YES	□ NO □
3. NAME OF DECEASED	· First	Middle	L	ost 4	. DATE	Mont	th	Day	Yeor
{Type or print}	Bert	н.	Suls	er	OF DEATH	Jan	1.	7	19 60
5. SEX	6. COLOR OR RACE 7.	MARRIED 🔣 NEVER MARRIED	8. DATE OF BIE	тн	9.	AGE (In years lost birthday)	Months De		
Male	White WILL	OOWED DIVORCED [	Sept.	23, 1	887	72 yrs	Monins De	oys Hou	ra Min
10o USUAL OCCUPAT	ON (Give kind of work done rking life, even if refired)	106. KIND OF BUSINESS OR I	NDUSTRY 11. BIRTH	PLACE (State or	foreign count	lry)	12. CITIZE	N OF WH	AT COUNTRY?
Retired		Railroad	M	oorefi	eld,W	. Va.	U	SA	
13. FATHER'S NAME			14 MOTHER	'S MAIDEN NA	ME				
Jame	es William S	Sulser	Mar	y Fran	ces W	ilkins	\$		
15. WAS DECEASEDEV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT			Addr	<b>ess</b>		
no	fit last fixe was on agree on service)	705-07-688	7 Mrs. B	ert Su	lser.	Cumber	land.	Md.	
18. CAUSE OF DE	ATH [Enter only one couse p								BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	W	cen	un					ND DEATH
177X	DUE TO	ر ۱			1	4 4			
Conditions, if	any, which }	Warren	rona	· of (	1202	Lote		Z-	ens
gove rise to	immediate (			11	£				
couse (a), stating lying couse lost									
PART II. OT	HER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED	O THE TERMINA	AL DISEASE C	ONDITION GIV	EN IN PART I	(o) 19 WA	S AUTOPSY
l E									FORMED?
PART II. OT	AS UNDERLYING 1 206.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature	of injury in Por	t 1 or Port II	of item 18 )			
	Y MEDICAL EXAMINER)								
20c. TIME OF INJU	,		. PLACE OF INJURY	(Home, form,	20f (City or	town)	(Cou	inty)	(Stole)
Hour o.m.		Vhile Not while twork at all work	foctory, street, off	ce blog., ex.,					
21 Leartify t	bat I attended the dec	ceased from Jun	. 19.5	5 10 (4	an 7	1060	that I las	t sow th	ie deceased
glive on	27 · 6		eath accurred o		OL from I				
0	7	- Julia inoi di	edin occorred o			t, city or town, :		dule si	DATE SIGNED
ACTUAL SIGNATURE	Clark.	- Surrel	K M.D. 23	6 Ua.	Ceel	Comme	Sula	-	1 18/6
PHYSICIAN'S NAME (Type)	Dr. Clay E.	Durrett,MD	ngg nip sin, nga sin, sin,						ndya mang agga sanga naga naga naga
220. BURIAL, CREMATI- REMOVAL (Specify	ON, 226. DATE THEREOF	22c. NAME OF CEMETE				N (City, town, o	or County)	{5	tote)
Burial	Jan-10,19	960 Hillcre	st Buria	l Park	Cum	berlan	nd, Md		
23. FUNERAL DIRECTO		ADDRESS		240. REC'D 1	BY REGISTRAI	R 24b. REGIS	TRAR'S SIGN	ATURE	
James F	. Scarpelli	,Cumberland,	Md.	DATE	1 2 160	CA	Lun S. K	rallA	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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FUNERAL DIRECTOR:

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VS A1S (4)

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH cessory, please exert. Page 4 should be CAL EXAMINER: This certificate should be executed within 24 hours after death. If amy delay cessory, please exe-lte, writing the word "pending" in mencil in frem 18. Give Pagem 1, 2, and a to the funeral dir. It. Page 4 should be a Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, M 067 cute the country, writing the ward "pending" in Fencil in Item 18. Give farwarded to the Chief Medical Examiner's Office along with farm PM3.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. It or removal. TO DEPUTY John J. Hafer, Cumberland, Maryland arthur S. Krays

VS. A15ME(5) 5M 9/55

08087

		000	<b>-</b>	Reg. Dist, No.									
I PLACE OF DEATH		UU07	<del></del>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)									
Allegany			MARYLAI	ND 0. STATE	lar.	land	b. COUNT	' All	egar	y			
b. CITY OR TOWN (III and give nearest town	f outside carparate limits, write	RURAL	c. LENGTH OF STAY IN	c. CITY OR T	II) NWO	autside corp	porale limits, write	RURAL one	give n	earest to	iwn)		
Cumberlar			216 hrs	02 Cumb	erla	nd							
d. NAME OF HOSPIT	AL OR INSTITUTION (	f not in hos	pilal, give street address)	d. STREET AL	d. STREET ADDRESS								
Sacred He	eart Hospit	al		107	107 Polk Street								
3. NAME OF DECEASED	Fin	uli	Middle	Lost		4. DATE	Month		Day	١	feor		
(Type or print)	Ch	arles	Virgil	Thoma	5	DEATH	1		30	1	9 60		
5. SEX	6. COLOR OR RACE	7. MARRII	D NEVER MARRIED	8. DATE OF BIRTH			9. AGE (In years	IF UNDER	TYEAR	IF UND	ER 24 HRS		
Male	White	WIDOWE	DIVORCED [	February	16,	1919	LO yrs.	Months	Days	Hours	Min.		
10a. USUAL OCCUPATIO	ON Give kind of work	dane 10b. 1	IND OF BUSINESS OR IND	USTRY 11. BIRTHPLA	CE (State	ar fareign c	ountry)	12. CITI	ZEN O	WHAT	COUNTR		
Cab Dr.i	ng life, even if retired)			Frost	burg	, Mar	yland	U	SA				
13. FATHER'S NAME	V-E1			14. MOTHER'S M	AAIDEN N	NAME							
	William R	. Tho	mas	1	]	Nancy	Workman						
15. WAS DECEASED EV		RCES? 16.	The Control of the Co	. RIFORMANT			Address						
no	fit last flue with ou dozen the	pervice)		Pat	ient	's Cha	rt						
18. CAUSE OF DEA	TH [Enter anly one cau	se per line	for (a), (b), and (c).}						INTER	VAL BETW	EEN		
PART I. DEAT	TH WAS CAUSED BY:	A	cute Cardiac	Failure						Hrs			
1120 V	470 X DUE TO										•		
Canditians, if a		T.	obar pneumon	តែ					?				
gave rise to immed	diate couse		July Discounters	A- 64						•			
(a), stating the cause last.	enderlying 602 10												
Z PART II. OTH	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BL	JT NOT RELATED TO T	HE TERM	INAL DISEASI	E CONDITION GIV	EN IN PAR	T 7(a) 1	9 WAS	AUTOPSY		
ATIC			oscoliosis							PERFO	NOT		
200. EXTERNAL CAL	ICE WAS 20		HOW INJURY OCCURRED	. (Enter nature of iniu	or in Par	Li or Part (I	of item 18.1			, E.J.	ليرنانا		
PART H. OTH  200. EXTERNAL CAL  PRIMARY   or COI  CAUSE OF DEATH.	NTRIBUTING			,									
3 20c. TIME OF INJUI	RY Month, Day, Yes	r 20d. 1	NJURY OCCURRED   20e.	PLACE OF INJURY (He	ome, fam	20f. (City	or town)	(Cau	onty)		(State)		
20c. TIME OF INJUI	19	White of wo	- I vali ville -	octory, street, office t	oldg., etc.	.)							
	nat I taak charge	of the r	remains described a	bove, held an /	Autops	y 🗍, Ir	nspection 🕝,	Inquir	у 🖬	and	find the		
death resulted	from: Natural	couses, €	, Accident ,	Suicide 🔲, Ho	ımicide	T. U	ndetermined c		, 95				
	1 -,	10	1, - 11										
ACTUAL SIGNATURE	Lewdict	Ski	tarelie!	M.D. CHIEF ME	DICAL EX	CAMINER 📋				DATE S	SIGNED		
					T MEDIC	AL EXAMINE	R 🔲						
EXAMINER'S NAME (Type)	Dr. B. Skit	areli	C	DEPUTY M	MEDICAL I	EXAMINER T	Januar	v 30.	1.96	50			
22a- BURIAL, CREMATIC REMOVAL (Specify)		F	22c. NAME OF CEMETERY				TION (City, tawn, a	r county)		(Stat	0)		
Burial		1960	Rose Hill	Cemetery		Cumbe	rland, M	aryl	and				
23. FUNERAL DIRECTOR			ADDRESS	12	4g. REC'I	D BY REGIST	RAR 24b, REGIS	TRAR'S SIC	SNATUE	E			

DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



			MARYL	AND S	TATE DEPART	MEI	NT OF HEALT	H-BA	LTIMORE,	18	0.71	a Cas
			ME	DICA	L EXAMINE	R'S	CERTIFICA	TE OF	DEATH	Reg. Dis	0	088
ñi )	1.	PLACE OF DEATH	LLEGANY	0	063	- 11	2. USUAL RESIDENCE (	Where deces		rion: Resider		nission)
	1	and give nearest ter		RURAL	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (I	f autside car				own)
	-		MBER LAND		35 Min.		X Barton					
060			al Hospit		pital, give street address)		d. STREET ADDRESS				10	RESIDENCE N A FARM? NO M
		NAME OF DECEASED (Type or print)	GIENN	d	Middle THOMAS		TRENUM	4. DATE OF DEATH	JANUAR			Year 19 60
	5. 5	EX		7. MARRIE	D NEVER MARRIED	A 8. C	A	1	9. AGE (In years fast birthday)	IF UNDER	YEAR IF UN	DER 24 HRS
		Male	W	WIDOWE	DIVORCED [		Dec. 16.	1959	yes.	Months C	31 Hauns	Min.
	100	. USUAL OCCUPAT	ION (Give kind of work ing life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	ar foreign	country)	12. CITIZ	EN OF WHA	COUNTRY
1	L.		, , , , , , , , , , , , , , , , , , , ,				Keyser.	Wes	st Va.	Ţ	J.S.A.	
	13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
			Duane Tr				Jennie	Met	Z			
	15. (Yes	WAS DECEASED E	VER IN U. S. ARMED FO   (If yes, give war or dates of		SOCIAL SECURITY NO.	17. INF	ORMANT		Address			
	=					N	emorial H	ospit	al, Cum	berle		id.
			ATH [Enter only one case ATH WAS CAUSED BY:	-			. 51		501 h B		INTERVAL BETY ONSET AND D	EATH
ν		110	IMMEDIATE CAUSE (0)		Bronchopne	umo	nia, Rig	nt;	Bronchi	tis	24 F	rs.
V		44/X	DUE TO									
		Canditions, if	ediate couse	<u>-</u>				<del></del>				
		(a), stating the	(c)		<u> </u>							
	NO.	PART II. O	THER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT NO	PALENTE TO THE TERM	OT AME	E CONDITION G.V	EN IN PART	I(a) 19. WAS	AUTOPSY ORMED?
2	CAT	Congen	<u>ital Hear</u>		ulmonary	ste	nosis: Ac	rtic	stenosi	3;	YES	NO 🗌
	L CERTIF	20a. EXTERNAL CAPRIMARY TO OF COLORS OF DEATH	NUSE WAS INTRIBUTING   20	b. DESCRIBE	HOW INJURY OCCURRE	D. (Ente	er nature af injury in Par	1 i or Part II	af item 16.)			
	MEDICAL	20c. TIME OF INJA Haur a. m.		r 20d, 1 While	NJURY OCCURRED 20e.	PLACE	OF INJURY (Home, farry, street, affice bldg., etc.	n, 20f. (Cit	y ar town)	(Cour	ily}	(State)
	ME	p. m	. 19	al we	rk at work							
					emains described						, and	find tha
		death resulte	d fram: Natural	causes [2	Accident,	Suici	de [_], Hamicide	e [_], U	ndetermined c	ovse [_].		
		ACTUAL /	30	A 16	1-11		CHIEF MEDICAL E	VALUE T			DATE	SIGNED
1		SIGNATURE A	y xueaucs	XIK	uarence)		M.D. CHIEF MEDICAL E.	_				
		EXAMINER'S NAME (Type)	enedict S	kitar	elic. M.D		DEPUTY MEDICAL		-	15 1	1960	
	220	BURIAL, CREMATI	ON, 22b. DATE THEREO		22c. NAME OF CEMETER				TION (City, town, o		(\$10	ste)
	V	-REMOVAL (Spylit)	1/17/0	102	mit Vans			me	1/14)	•	me	de
	23.	FUNERAL DIRECTO	R'S SIGNATURE	2.6	ADDRESS	1	240. REC	D BY REGIS		STRAR'S SIGI		
	(	11/	31/4/-	M.E.	Henritza	1	MA DATE 15	N 1 8 'E	60 CN	tion S. 1	Land of the land	
	13	VVVV	VXV		7	1	1					





John J. Hafer, Cumberland, Maryland

e. IS RESIDENCE ON A FARM?

YES X NO

Year

Haurs

INTERVAL BETWEEN OWSET AND GEATH

hrs.

tt

22

**PERFORMED?** NO [

DATE SIGNED

(State)

(State)

LISA

(County)

arthur S. Through

DATE JAN 2 9 160

1960

VS. ATSME(S) 5M 9/55





15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE Byron Kight

ADDRESS Cumberland.

llcrest

1960

Md.

Burial

24s. REC'D BY REGISTRAR DATE JAN 1 5 '60

Park

24b. REGISTRAR'S SIGNATURE arthur S. Krous

Cumberland, Md.

00092

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS.

USA

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED? YES NO NO

(Stale)

(Stole)

ON A FARM2

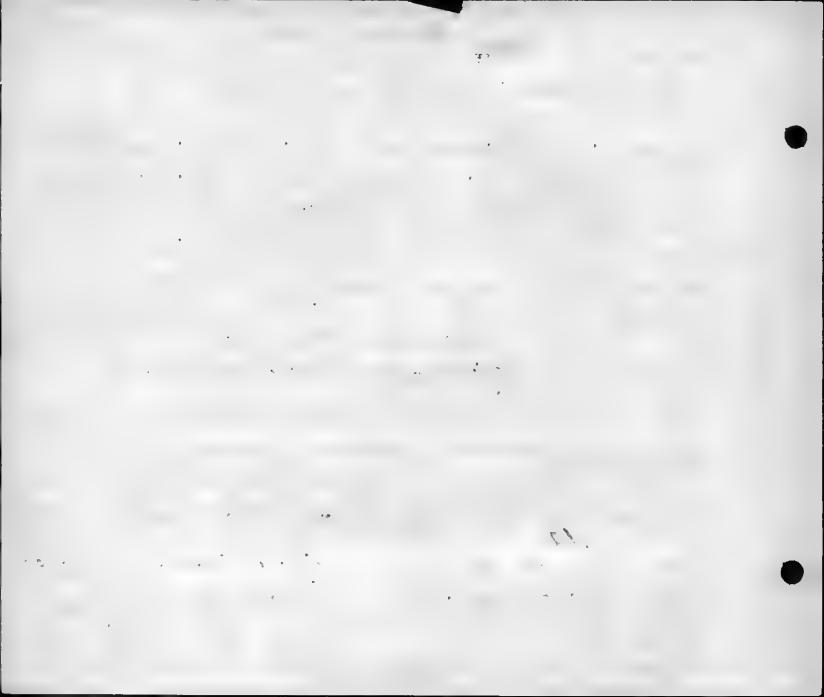
YES | NO IX

**6**0

Reg. Dist. No

Months

Allegany





CERTIFICATE OF DEATH

00094

		_004	7 CERTITI	CAIL	I DLA			Reg. Dist.	No.
PLACE OF DEATH     o. COUNTY	Allegan	J	MARYLAN	AT2 n	TF .	Where decease	d lived. If institution b. COUNTY	Alle	
RURAL and give r	(If outside corporate limi legrest town) rland	ts, write	8/7/56	16 c. CIT		If outside corpo	orate limits, write RU	JRAL and give	nearest lown)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, a	_	firmary	d. STF	49 E		Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Ann:		Middle	Wa	last 1.sh	4. DATE OF DEATH	Januar		Day Year 1, 19 60
5 SEX	6. COLOR OR RACE	T	IED NEVER MARRIED			1			EAR IF UNDER 24 HR
Female	White	WIDOWE			/1867	•	92 yrs	Months Do	
during most of wo	king life, even if retired	done 10b.	KIND OF BUSINESS OR II				ountry)		OF WHAT COUNTRY
HOUSOWII					rylan			U .	S. A.
I TAITES & INCIDE	Jacob McK	enzi	•			Christ	ner		
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR {If yes, give war or doles of s		SOCIAL SECURITY NO.	INFORMANT	P. 0.	_			erland, Mo
				Allega	my Co	unty ]	<u>[nfirmar</u>	y Reco	ords
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	/	for fa), (b), and (c).	myoc	arde	d Des	recerak	ion	INTERVAL BETWEEN
592 Conditions, if	DUE TO		horeser	al a	crfe	rios	clerose	0	7
gove rise to couse (o), stating lying couse lost	the <u>under</u> DUE TO	,	Chron	ic ;	repl	rite	5'		>,
PART II. OT		-	ONTRIBUTING TO DEATH	CRUIL NOT RELAT	ED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1(	PERFORMED?
1 (	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	JRRED. (Enter no	ture of injury	in Part I or Par	rt II of item 18.)		
20c. TIME OF INJU	RY Month, Doy, Ye	ar 20d. It While	Not while	e. PLACE OF INI foctory, street	URY (Home, f , office bldg.,	arm, 20f. (Cit etc.)	y or fown)	(Cour	nty) (Stote
	hat I attended the	decease	and that de	eath accurre		15AM am ADDRESS (S		d an the d	saw the decease date stated above DATE SIGNE 2/1/60
PHYSICIAN'S NAME (Type)	Dr. Jame	e E	McLean		Cumb	rland	, Md.	. — — — — — — — — — — — — — — — — — — —	
220 BURIAL, CREMATIC REMOVAL (Specif) Burial			St. Micha				tion (city, town, o	r county)	(Stote) Md •
23. FUNERALT MEETE	s signatural	Hom		na Ma		EC'D BY REGIS		TRAR'S SIGNA	-
1	x 12/4 1	ع با سرو	Frostbu	T.R. MICH	DATE	EB 4 '60	Clille	ms S. Tha	MA

death. Poge 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

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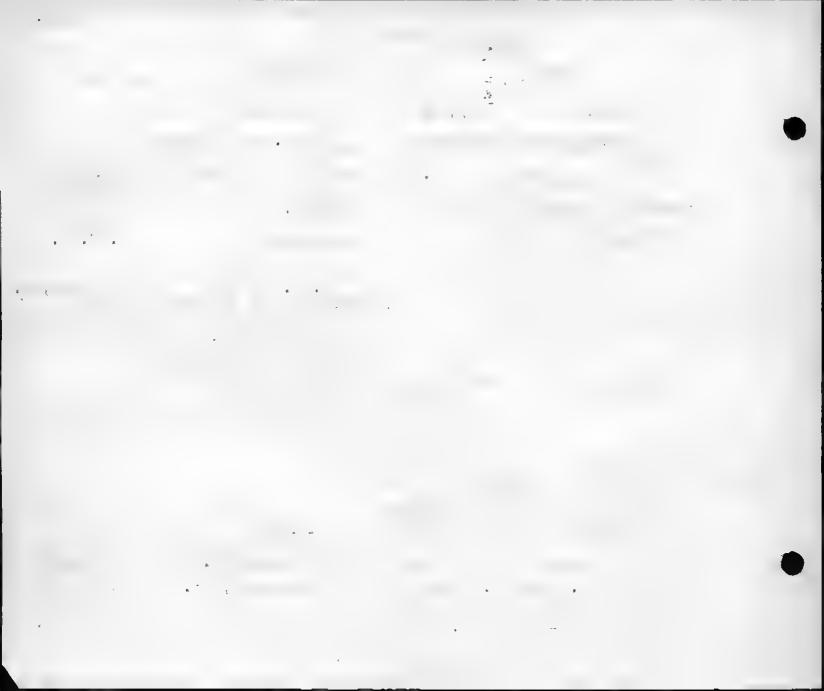
091

may be retain the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed\_with the registrar prior to buriol, cremation, or remaval, and in any event within 72 hours after death.

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TO HOSPITAL VS A15 (4) 15M 9/58

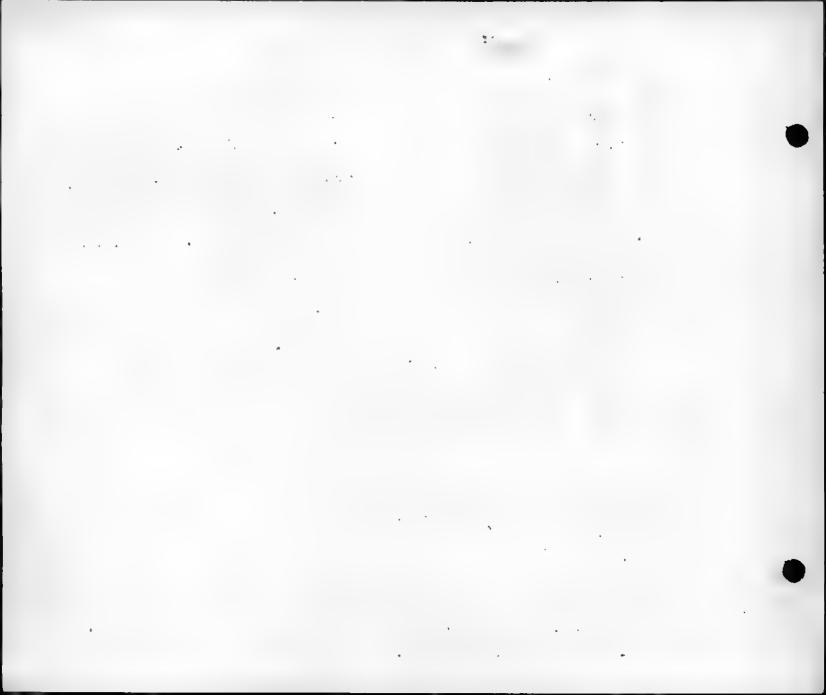


15M 9/5B

00095

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased fixed. If institution: Residence before admission) Allegany c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARMS YES NO Day Year 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS Days Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO N (County) (State) 1969 that I last saw the deceased \_M, fram the causes and on the date stated above. DATE SIGNED (State)



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

director, itled with filed funeral þe Á should 25 .5

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filled death. Pages etely 급 **Popers** à SUUD puo Noc 2 remove guipi please the ģ Ē gned ped burial-transit been has attending certificate

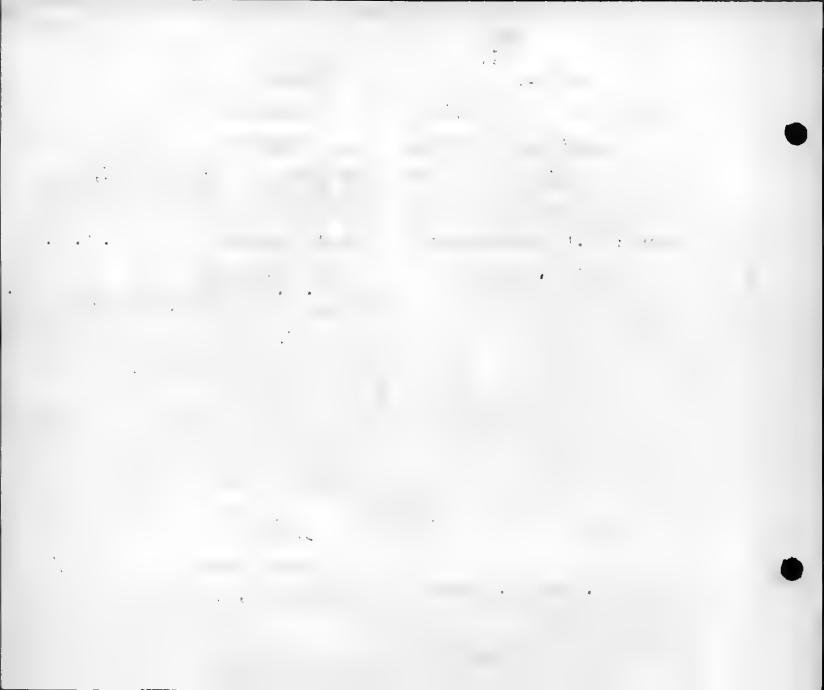
detoch FUNERAL DIRECTOR: pe 3 shauld page in Sic 10 VR A15 (4)

15M 9/59

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY MARYEAND MARYLAND **ALLEGANY** c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town)
CUMBERLAND CUMBERLAND 2 DAYS d NAME OF HOSPITAL (if not in haspital, give street address)
PEMORIAL HOSPITAL d STREET ADDRESS e. IS RESIDENCE ON A FARM? 436 SEYMOUR STREET YES NO X MEMORIAL & WARWICK AVES. NAME OF 3. Middle 4. DATE First Last Manth Year OF DEATH MELVILLE 1960 WHITE **JANUARY** W. (Type or print) 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH 5 SEX 6. COLOR OR RACE MARRIED NEVER MARRIED last birthday) Months Days 10,1880 NOVEMBER MALE WIDOWED [ DIVORCED [ WHITE 12. CITIZEN OF WHAT COUNTRY? 19a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Underwood. W.Va. U.S.A. Retired Conductor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALFRED WHITE MARGARET WOOD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17 INFORMANT Address If yes, give war or dates of service CUMBERLAND, MARYLAND MEMORIAL HOSPITAL No INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) 1 days DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INTURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year Manth, 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Nat while at wark at wark D m 1259 30 Dec 19 60 that (I) (we) last an 2 21 | certify that (1) (this haspital) attended the deceased fram. 4:20Pfrom the causes and an the date stated above. saw the deceased alive an 7. and that death accurred at 22a SIGNATURE SIGNED ATTENDING MED DIRECTOR 12 M.D PHYS. 22d. ADDRESS 22c. PHYSIC AN S NAME (Type) JAMES STEGMATER 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23d LOCATION (City, town, or county) (State) REMOVAL (Specify) Hillcrest Burial I - 5 - 60Park Cumberland.Md 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR JAN 7 James Scarpekli Cumberland, Md. arthur & Kraya DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A15 (4) 15M 1/59

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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00098

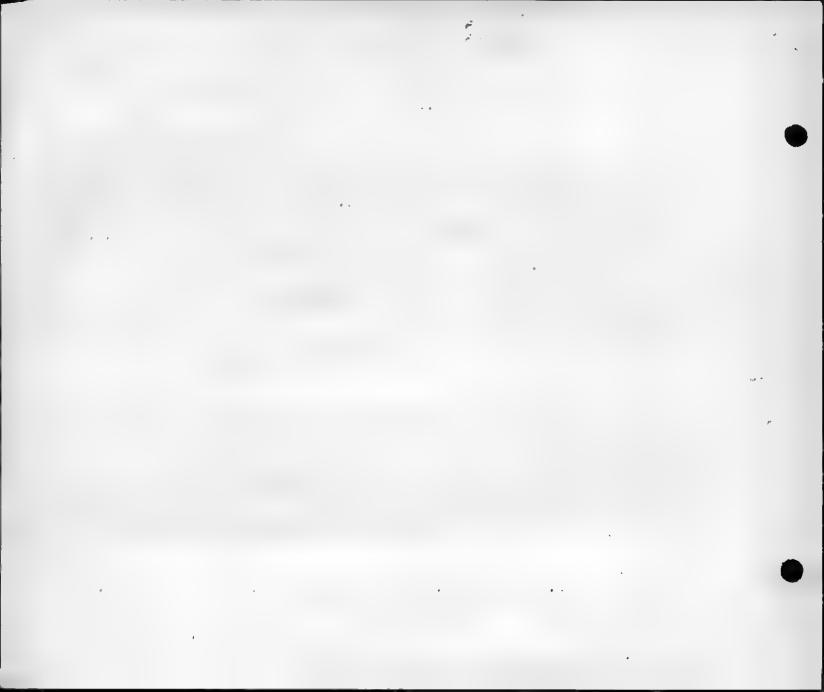
T.	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)									
4	o. COUNTY	EGANY	MARYI	o. STATE MARYLAND b COUNTY ALLEGANY										
r	b CITY OR TOWN (IF		c. LENGTH OF STAY	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)										
ı	RURAL and give ned CUMBERLAN		7 DAYS		X MT. SAVAGE, MD.									
	d. NAME OF HOSPITA ORMESMORGA MEMOR A	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)												
.];	3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mont	th	Day	Yeor			
)	(Type or print)	SAR	AH.	A -		WILHELM	DEATH	JANUA	IARY 4 19 60					
1	S. SEX	6 COLOR OR RACE	7 MARE	IED NEVER MARRIE	0 🔲	B DATE OF BIRTH	IF UNDER TY	$\overline{}$						
1	FEMALE WHITE WIDOWEDXX DIVORCE					NOVEMBER 12		last birthday) 95 yrs.	Months Do	ys Hou	rs Min			
1	On JSUAL OCCUPATION	N (Give kind of warking life, even if retired	done 10b	KIND OF BUSINESS OF	RINDUS	TRY 11 BIRTHPLACE (Stote of	or fareign c	ountry}	12 CITIZEI	OF WHA	T COUNTRY?			
	Housework	_		m home		PENNSYLVA	NIA		U.	S.A.				
1	3. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME		***************************************					
	GEORGE	DIEHL				SUSAN ME	ANS							
	S. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17 IN	NFORMANY Address								
	TO. IV. O' MINIOWAY	None	ernicej	None		MEMORIAL HOSP	ITAL	CUMBE	RLAND,	MARYL	AND			
	18. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH													
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Argune I was a track to the track of the control of the contro													
	Had a de DUE TO 1													
	Conditions, if any, which by Market Color of Class													
		gove rise to immediate couse (a), stating the under-												
	lying cause last.													
	PART IT OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART 1	(o) 19, WA PER	S AUTOPSY FORMED?			
	<u> </u>									YES	□ NO C			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)														
1	20c. TIME OF INJURY	Month, Doy, Ye	1			CE OF INJURY (Home, form, tary, street, office bldg., etc.		y or lown)	(Cou	nty)	(Stote)			
1	□ 11007 0, m.	- 19	White at war	k at work		1 1	<u> </u>		/					
ı	21 I certify that	(I) (this haspita	1) afteno	led the deceased	fram	12/28 /5 919	,.ta_	1/4/0	19	, that (I	) (we) last			
1	saw the decease	ed alive an	141	La Sh and	that d	eath accurred at 1:3		the causes an	d an the c	ate stat	ed abave			
ı	220 SIGNATURE	-1111	7/1								22b. DATE SIGNED			
ı	9/1/	Much	Luca	concert of	e 1	M.D. PHYS ME	D RECTOR	STAFF PHYS			/ 1			
	72c. PHYSICIAN'S NAME (Type)					22d. AQDRESS	, "		. 5%.	, "	1. 1.			
1		DR. R.J.WI	LLIAN	15		Mark	uc-e	16 E = = 1	16.60	<u> </u>	16/60			
F	23a. BUR A., CREMATION	I, 236 DATE THEREC	)F	23c NAME OF CEME	TERY O	R CREMATORY	23d LOCA	TION (City, town, o	or county)	(5	igate)			
	REMOVAL (Specify)	1/7/60		Frostbur	g al	emorial Par	k. F	rostburg	2"	140	1			
	FUNERAL DIRECTOR'S	SIGNATURE / H	afer	Funeral	_		BY REGIS	TRAR 25b. REGIS	TRAR'S SIGN	ATURE				
1	Genlah H Ms	where 2	3 E.			burg, Manian	8 '60	Carth	or & Kin	u.a.				



VS A1S (4) 15M 10/57 ទៅ

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П		MARYL	AND	STATE DEPA	RTM	ENT OF H	<b>IEALTH</b>	I-BALT	IMORE, 18	3			
			007	2 CERTI	FIC/	ATE OF I	DEATH	1		Reg. Dist. N	() ()	099	
1	PLACE OF DEATH a. COUNTY	Allegany	7	MARY	LAND	2 USUAL RESI	DENCE (Wh	ere deceased I	ived. If institution b COUNTY	Residence be		sign)	
	b. CITY OR TOWN ( RURAL and give n	f autside corporate limit corest tawn) Cumber	s, write "land	c. LENGTH OF STAY 4 yrs.,1		c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)							
	d NAME OF HOSPI OR INSTITUTION	AL (If not in hospital, gi Sylvar				d. STREET ADDRESS  713 Montgomery Avenue  6. IS RESIDENCE ON A FARM YES NOT							
3	NAME OF DECEASED (Type or print)	Lydia Lydia		Middle Beckn	an	Wils		4. DATE OF DEATH	Month Januai	_	Day	Year 1960	
S	. sex Female	6 COLOR OR RACE White	7 MARRI WIDOWE			8 DATE OF BIRT		9 9.		UNDER 1 YEA	R IF UND		
1	during most of wor Housewi	ON (Give kind of work d king life, even if retired) EE	ane 10b	KIND OF BUSINESS O	R INDU		IACE (State o	ar fareign cour		12 CITIZEN		COUNTRY	
i:	3. FATHER'S NAME	William M.	Gall	egher		14. MOTHER'S	MAIDEN N						
10	S. WAS DECEASED EVE Yes, no. or unknown)	R IN U. S. ARMED FORCE (If yes, give wor or dates of se	ES? 16 S	SOCIAL SECURITY NO		NFORMANT Lvan Pet	reat R	Pecards	Addres	s			
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 522 Valuates any Conglistion ONSET AND OFATH 72 Nrs.  Conditions, if ony, which gave rise to immediate  (b) 331 Elreleral Heucorrhagy  ?												
2	lying cause last.  DUE TO  Lying cause last.  DUE TO  Sureral arterios cleroseio ?												
MOITANISTES	PART II. OII	3040	eu	ell po	1/ C	nosio	*		CONDITION GIVEN	I IN PART 1(a)	PERFO	AUTOPSY PRMED? NO 🔯	
		MEDICAL EXAMINER)		RIBE HOW INJURY OF									
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or lawn) (County) (State)  Haur a. m. While Nal while factory, street, affice bldg., etc.)  p. m. 19 at work of										(State)		
	21. I certify in alive an	at I attended the	decease , 12.6	7	· 4 death	accurred at			the causes and the causes are town, sta	d an the d	ate state	deceased ed abave ATE SIGNED	
	tawwe (1) bel	James E. Mo				.=====	reene	St., (	Cumberlar	nd, Md	4		
2	REMOVAL (Specify)  RUTIAL	1/20/60		22c NAME OF CEME ROSEHILL		R CREMATORY			N (City, lown, or o	mary	(Stat	e)	
23	Ruth E. S	S SIGNATURE	Cumbe	ADDRESS		yland	240. REC'D DATE JA	N 2 1 '60	P 245 PEGISTP	PREAT SIGNAT	URE		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FUNERAL DIRECTOR:

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VS A15 (4)

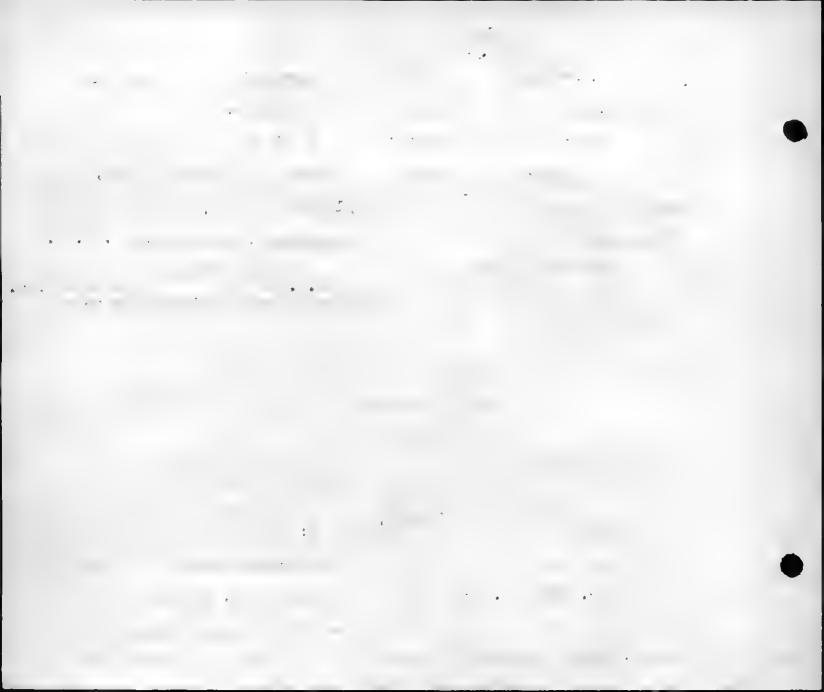
15M 9/58

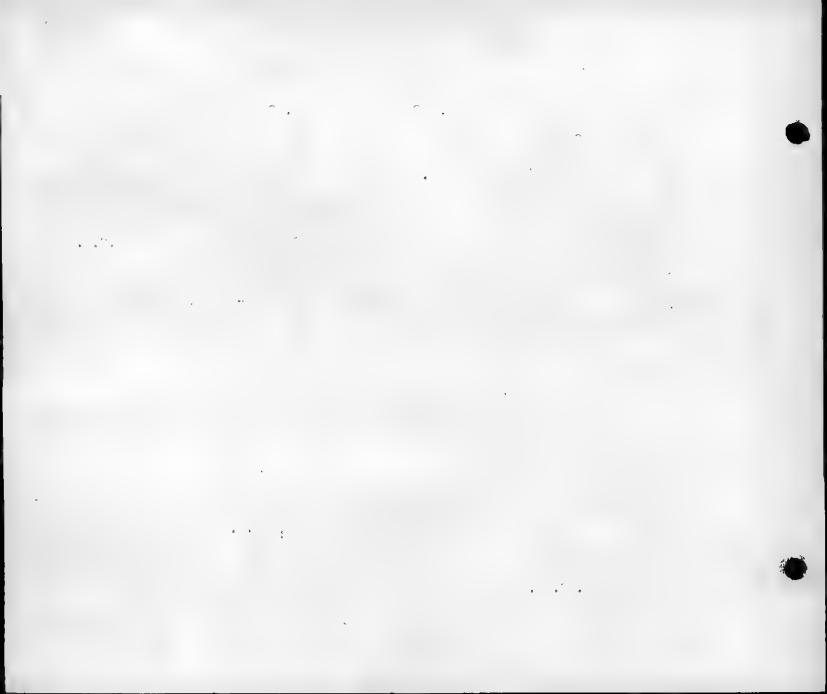
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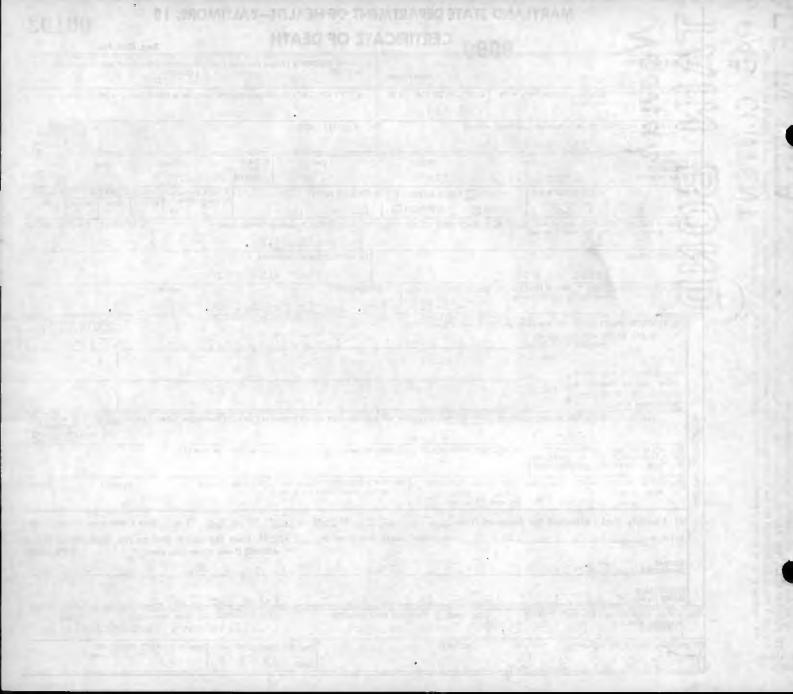
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	1 8
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			_00	190	CEKTIFIC	All	E OF DEATH	1		Reg. D	ist. No		
}	1. PLACE OF DEATH			-		2.	USUAL RESIDENCE (Wh	era decease	d lived. If instituti	on: Reside	nce befo	re admiss	on]
	Alle	gany			MARYLAND		o. STATE Maryla	nd	Affeg	eny			
	b. CITY OR TOWN (H RURAL and give no	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)											
	Frostbu	x "t. Savage											
,	d. NAME OF HOSPIT. OR INSTITUTION					1	d. STREET ADDRESS					e. IS RES	DENCE FARM?
		Miners	Hospi	tal									NO 🔀
	3. NAME OF DECEASED		rst		Middle		Lost	4. DATE	Mon		Do	ry 1	eor
	(Type or print)	Laura						DEATH	January				9 60
	5. SEX	6. COLOR OR RACE					ATE OF BIRTH		9. AGE (In years last birthdoy)	Months		IF UNDE	R 24 HRS. Min.
	Female 100. USUAL OCCUPATION	White	WIDOW	The Park	DIVORCED		ugust 6,187		83 уп.	110.0			
	during most of work	ing life, even if refire	done 105.	KIND OF	BUSINESS OR INDI	JSTRY			ountry)	112. C			COUNTRY
	House:	Wile				la.	Frostburg				US	A	
		1	±			1							
1	NS. WAS DECEASED EVER	lexander 5			SCHOOL 17	THEOL	Hester W	inebr					
	(Yes, no, or unknown)	If yes, give wer or deten of	service)					n 1===	Add		Ma		
		Par Ce	41			AI'S	. Bessie Ra	nkin,	Mt. Save	age,			
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  ONSET AND DEATH											
	IMMEDIATE CAUSE (0) Hy platement Heart Alberra												
	Carallina II	DUE TO											
	gove rise to in	Conditions, if any, which gove rise to immediate (b)											
	couse (o), stating t	course (o), stating the under-											
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19, WAS AUTOPSY											
7	PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	Carcino	10	1 4	torna							PERFO	NO DA
	200. ACCIDENT WA	S LINDERLYING []	20b. DES	CRISE HO		ED. (Er	nter nature of injury in F	ort I or Port	I II of item 18.)			163	110 24
		CAUSE OF DEATH MEDICAL EXAMINER)											
	20c. TIME OF INJURY	Month, Doy, Ye	ar 20d. II	NJURY O		LACE (	OF INJURY (Home, form,	20f. (City	or town)		(County)		(State)
i	Hour o.m.	19	While of wor	k Of w	while to	ectory,	street, office bldg., etc.	1					
	21. I certify the	at I attended the	deceas	ed from	TUNE	ari	, 1956, to J	79-11.	10 10/0	2 that I	lort re	w the	400000
	olive on TA					000	curred of 1100P	M from	the course of	and on	the do	to state	d obove
		) 0-	-		1		4	ADDRESS (SI	reet, city or town,	stote)	ine uu	DA	TE SIGNE
	ACTUAL SIGNATURE	MAXTURE	1600	traj	Ten we	M.D.	48 BR	IAD	WAG			1/19	1/60
	PHYSICIAN'S				4		100000000000000000000000000000000000000					-4-1-2-6	mofer the short of
	NAME (Type)	BRIIN F	1.15	0711	STEINE	111	- FROST	13 41	PG-14	0	-		
	220. BURIAL, CREMATION REMOVAL (Specify)			22c. N/	ME OF CEMETERY	R CRI	EMATORY	22d. LOCAT	TION (City, town, o	or county)		(Slote	1
	1		27,1	960	Cooks Cem	ete	ry	Well	ersburg,		-		
1	28. FUNERAL DIRECTOR'S	STONATURE	//		DRESS		24g. REC'C	BY REGIST	RAR 24b. REGIS	TRAR'S S	GNATUI	RE	
1	Y VU WELL	VI LOLA	KLNH	yndm	an, Pa.		DATE	N 25	00	Same			

VS A1S (4) 15M 10/S7



Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Allegany Marvland Allegany b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Mt. Savage Mt. Savage d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NOT NAME OF DECEASED 4. DATE Month Year (Type or print) DEATH Rebecca Yantz 1960 January IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE {In years lost birthday} Months Doys Hours WIDOWED DIVORCED T Female White yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Own housework Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Lucinda Hiner Garev WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI Address None Mrs. James House, Mt. Savage, 18. CAUSE OF DEATH [Enter only one cause per line fer (o), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, streat, office bldg., etc.) Hour o. m. While Not while of work of work 1960 that I last saw the deceased 21. I certify that I ottended the deceased from and that death occurred at 10,13 and from the couses and on the date stated above. olive an ADDRESS (Street, city or town, stote)

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

H.

220. BURIAL, CREMATION, 22b. DATE THEREOF

Joseph R. Durst,

C. Diehl

Main St

DATE

Frostburg, Md. 22d. LOCATION (City, town, or county)

Mt. Savage

(Stote) Md

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Frostburg, Md.

22c. NAME OF CEMETERY OR CREMATORY

St. George's Cemetery

24a, REC'D BY REGISTRAR

JAN 2 5 '60

24b. REGISTRAR'S SIGNATURE

VS A1S (4) 15M 9/58

moy be retain by the TO FUNERAL DIRECTOR:

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He daying 50 dec my daying the Rebender S. Mantas . Johnson .. Mr. acht, deff. deff. 200 acht. elem' And the second s Lucinda Sine: The state of the sound of the state of the TANK THE PARTY OF The first the second se Market and the second of the second all armilect " from the W. 2 all the the control of the process of the control of the co Lossyllas purati freeburg.